A 33-year-old woman presented to the hospital with a 5-day history of fever and cough of unknown cause. She indicated that she worked in Wuhan, China (the center of novel coronavirus outbreak) but had traveled to Lanzhou, China, 6 days before presentation to the hospital.

At admission, her body temperature was elevated to 39.0°C (102.2°F) and coarse breath sounds of both lungs were heard at auscultation. Laboratory studies showed leucopenia (white blood cell count: 2.91 × 10^9/L). The white blood cell differential count showed 70.0% neutrophils and 0.1% eosinophils. There were elevated blood levels for C-reactive protein (16.16 mg/L; normal range, 0–10 mg/L), erythrocyte sedimentation rate (29 mm/h; normal range, <20 mm/h), and D-dimer (580 ng/mL; normal range, 500 ng/mL). Unenhanced chest CT showed multiple peripheral ground-glass opacities in both lungs (Figure, A) that did not spare the subpleural regions. Real-time fluorescence polymerase chain reaction of the patient’s sputum was positive for the 2019 novel coronavirus (2019-nCoV) nucleic acid.

On the basis of epidemiologic characteristics, clinical manifestations, chest images, and laboratory findings, the diagnosis of 2019-nCoV pneumonia was made. After receiving 3 days of treatment, combined with interferon inhalation, the patient was clinically worse with progressive pulmonary opacities found at repeat chest CT (Figure, B).

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