

High resolution computed tomography of the Chest in a COVID-19 patient

Petru Emil Muntean

Dispensarul Județean
de Pneumoftiziologie Pitesti.
Spitalul Judetean de Urgenta Arges,
Pitesti, Jud. Arges,
Romania

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- Coronavirus-infection

A 41 year-old woman complains about constant high body temperature for about 5 days (39.4-39.6 degrees Celsius), myalgia and restlessness. Six days before her visit, she had a close contact with her son, who was confirmed to be a case of SARS-COV-2 positive, three days before the hospital discharge. On admission, physical examination revealed normal vital signs and no respiratory symptoms. The laboratory tests revealed: normal coagulation tests, creatinine clearance rate and liver enzymes were within the normal range, a white blood cell count $4.35 \cdot 10^9/\text{Liter}$, neutrophils $3.25 \cdot 10^9/\text{Liter}$, lymphocytes 42.2%, D-dimers 0.546 ug/mL, troponin T 7.07 ng/L, ferritin 189 ng/mL, a C reactive protein level of 19 ug/L, creatine kinase-MB 25 U/L, lactic acid dehydrogenase (LDH) 399 U/L, fibrinogen 421 mg/dL, 25-hydroxyvitamin D of 16 ng/mL and a serum Zinc level of 0.52 mcg/mL. HIV and antigen test for Influenza were all negative. Normal electrocardiogram. High resolution computed tomography of the chest revealed bilateral patchy ground glass opacities in lower lobes (Figure 1). An oropharyngeal swab test for SARS-CoV-2 was positive. The female patient was treated based on national protocol with hydroxychloroquine (5 days) and the combination of lopinavir/ritonavir (10 days) among other supportive therapy (Acetaminophen, Zinc and Vitamin D supplements). After the antiviral treatment, her symptoms considerably improved. Fifteen days after admission and two consecutive negative oropharyngeal swab tests, she was discharged without any complications.



FIGURE 1. High resolution computed tomography of the Chest.

Correspondence:

Petru Emil Muntean
Str. 1 Decembrie 1918, P.C. 405100
Campia Turzii, Cluj County, Romania
Tel.: +40751476432
E-mail: muntean.petruemil@yahoo.com