

# COVID-19: case 57

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40-year-old male

patient with dyspnea and fever for 10 days not responding to  
antibiotics to the

ED on March 13, 2020. Prior medical history: previous  
pneumonia, smoker. Epidemiologic

risk for SARS-CoV-2 (the patient returned home from Milan  
(high-risk area) on  
March 5).

Fever (T

40 °C), dyspnea, no

bronchial secretion, wheezing.

PaO<sub>2</sub> 63,4 mmHg, pH 7,5, pCO<sub>2</sub> 35 mmHg. C-RP 87,16 mg/L,

Fibrinogen: 621 mg/dL,

Procalcitonin: 0,16 ng/ml, LDH: 328 U/L

Chest Radiography:



bilateral blurred pulmonary consolidations, mainly at the  
right base (suspected for SARS COV 2). Other ill-defined  
consolidations at the right base.

HRCT, March 4,

2020:



Multiple scattered

“ground-glass” opacities with predominant subpleural

distribution involving all lobes, findings consistent with Covid 19 pneumonia. No pleural effusion. In the anterior segment of the RUL a 10 cm lung thin-wall cyst is noted.

RT-PCR on a nasopharyngeal swab was positive for SARS-CoV-2. The patient was hospitalized in the infectious disease department and started the Covid-19 treatment protocol.