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A Cured Patient With 2019-nCoV Pneumonia



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PRESENTATION

A 57-year-old woman from Wuhan, China, visited our hospital with a 5-day history of fever and dry cough. On the day of her visit, she presented with slight chest tightness, chills, and muscle soreness of the lower limbs.

ASSESSMENT

On examination, she was conscious with a body temperature of 38.3°C and her vital signs were stable. Small moist rales were heard in both lungs. Laboratory tests of her blood revealed 4.49×10^6 white blood cells per μL , with increased proportion of neutrophils (78.1%) and decreased proportion of lymphocytes (18.0%). C-reactive protein was elevated to 73.4 mg/L. Chest computed tomography (CT) indicated multifocal ill-defined nodular ground-glass opacities (Figure 1A, arrow) and patchy consolidations lesions (arrow head) distributed in the middle-lateral zone and subpleural regions. Tests for *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*, respiratory syncytial virus (RSV), adenovirus and coxsackie virus, and influenza A and influenza B viruses were all negative, while quantitative real-time polymerase chain reaction (PCR) of the patient's sputum tested positive for 2019 novel coronavirus (2019-nCoV) nucleic acid.

DIAGNOSIS

CT findings together with a positive 2019-nCoV nucleic acid test led to a diagnosis of 2019-nCoV pneumonia (NCP). In

December 2019, a kind of pneumonia with an unknown cause emerged in Wuhan, China, and the pathogen was soon identified as a previously unknown betacoronavirus.¹ Experts have confirmed that the virus was capable of spreading from human to human. The reported mortality ranged from 4.3% to 15%.²⁻⁴

MANAGEMENT

The patient received moxifloxacin (400 mg once daily intravenously for 8 days and then was switched to oral treatment), oseltamivir (75 mg twice daily orally for 5 days), and supportive therapy. The patient recovered with improved symptoms and, on treatment evaluation of chest CT obtained 7 days later, showed decreased extent and intensity of the lesions, although irregular consolidation (Figure 1B, asterisk) emerged in the subpleural regions of the right lower lung. The patient was discharged after her body temperature returned to normal for at least 3 days and had 2 consecutive negative tests for 2019-nCoV nucleic acid. A repeat chest CT performed 10 days later showed significantly improved lesions (Figure 1C). Currently, the patient is in follow-up care with favorable condition.

References

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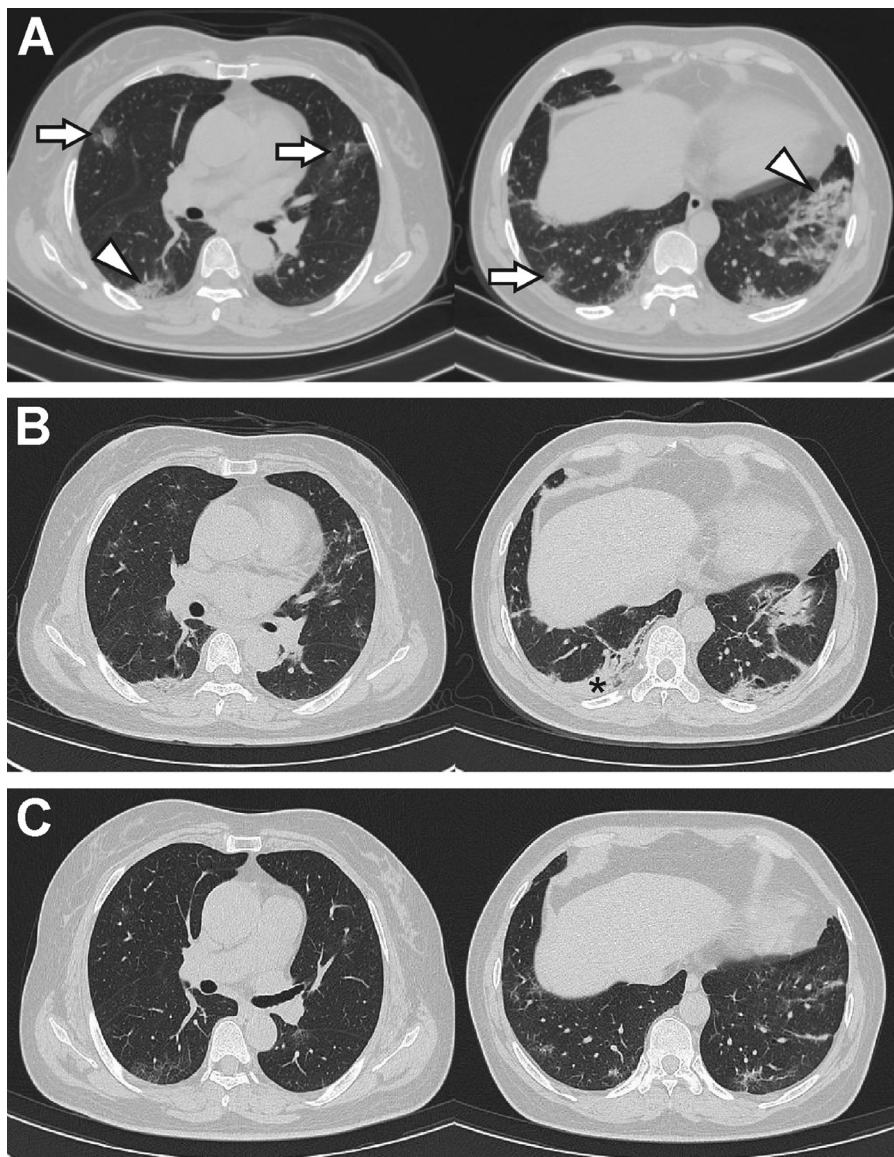


Figure (A) Chest computed tomography (CT) showed multifocal ill-defined nodular ground-glass opacities and patchy consolidations lesions distributed in the middle-lateral zone and subpleural regions. (B) Chest CT showed decreased extent and intensity of the lesions and irregular consolidation in the subpleural regions of the right lower lung. (C) Chest CT showed significantly decreased lesions.