AGORA
RESEARCH LETTER

SHAREABLE PDF

High-resolution computed tomography features of 17 cases of coronavirus disease 2019 in Sichuan province, China

Simin Zhang[1,4], Huaqiao Li[2,4], Songtao Huang[2], Wei You[3] and Huaiqiang Sun[1]

Affiliations: [1]Dept of Radiology, West China Hospital of Sichuan University, Chengdu, China. [2]Dept of Radiology, West China - Guang'an Hospital of Sichuan University, Guang'an, China. [3]Dept of Infectious Diseases, West China - Guang'an Hospital of Sichuan University, Guang'an, China. [4]These authors contributed equally to this study.

Correspondence: H. Sun, Dept of Radiology, West China Hospital of Sichuan University, No. 37 Guo Xue Xiang, Chengdu 610041, China. E-mail: sunhuaiqiang@scu.edu.cn

@ERSpublications
Bilateral ground-glass opacities and a combination of consolidation and ground-glass opacities mainly in the subpleural lung regions is a noteworthy HRCT feature of coronavirus disease 2019, which may help in the early diagnosis of the disease http://bit.ly/2IgXcel

Cite this article as: Zhang S, Li H, Huang S, *et al*. High-resolution computed tomography features of 17 cases of coronavirus disease 2019 in Sichuan province, China. *Eur Respir J* 2020; 55: 2000334 [https://doi.org/10.1183/13993003.00334-2020].

To the Editor:

The city of Wuhan, in Hubei province, China is the focus of global attention due to the coronavirus disease 2019 (COVID-19) outbreak [1]. Sichuan, as a province near Hubei, also has been involved. As of February 12, 2020, 59 741 confirmed cases of COVID-19 have been reported in China, of which 451 cases have been identified in Sichuan province. This disease is caused by infection of a new coronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the World Health Organization (WHO). According to the latest research, the novel coronavirus is 96% identical at the whole-genome level to a bat coronavirus, leading to speculation that this new coronavirus may originate from bats [2, 3]. Current epidemiological data indicate that person-to-person transmission of COVID-19 is occurring [4]. This disease has become a major health crisis in China, and has the potential to become a worldwide epidemic. According to the guidelines stated by the WHO, epidemiological characteristics, clinical manifestations, chest images and laboratory findings represent the major screening tools for identifying COVID-19 infection. Diagnostic confirmation is ultimately dependent on respiratory samples tested by RT-PCR [5]. However, the false-negative rate of RT-PCR is reported to be up to 70% at the early stage in the clinical course, which may lead to missed diagnosis and thus increased spread of illness. Further, the time required to do the PCR test, given patient flow in the current health crisis and the many other influenza variants that can lead to similar symptoms, can delay treatment and appropriate patient isolation. Therefore, for patients with clinical manifestations and suspect exposure history to the novel coronavirus, clinical imaging findings can play an important role in making preliminary diagnoses and guide patient management decisions.