



COVID-19 Temporal Changes

What happens once COVID-19 hits the lungs?

It would be one of the following scenarios

1. Complete regression in 2-4 weeks (Fig. 1)
2. Worsening (Fig. 2)
3. Partial regression (melting) over a few weeks (Fig. 3)
4. Progression to fibrosis (Fig. 4)
5. New ground glass after 2-3 months (Fig. 4)

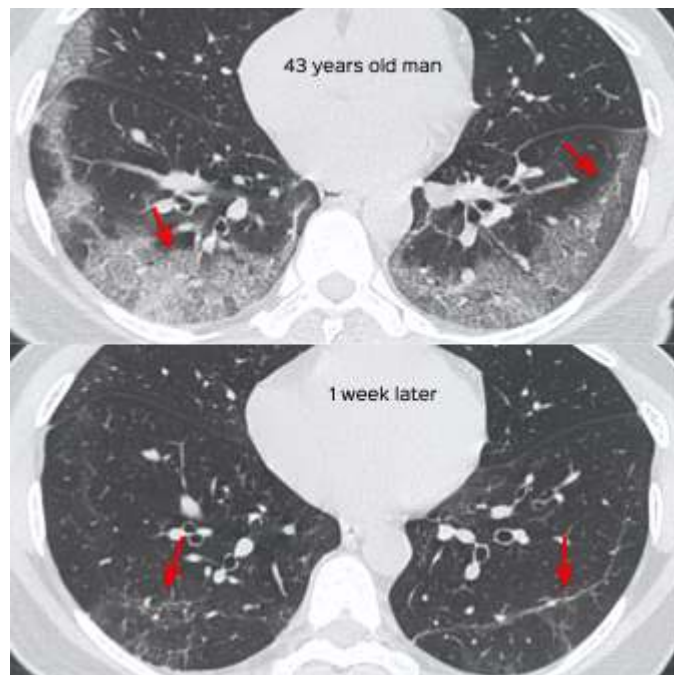


Fig. 1: This 43-years old man has typical changes of ground glass and crazy-paving at presentation. One week later, the lesions have resolved significantly with residual ground glass, reticular opacities and a thin band. Most patients follow this pattern.

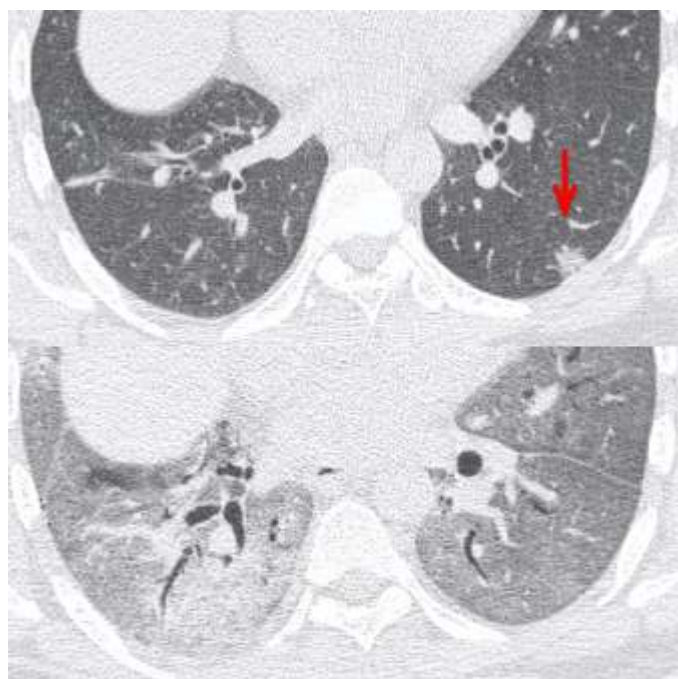


Fig. 2: This 34-years old patient had minimal subtle disease at presentation and then 13 days later landed up with extensive lung involvement, most of it likely related to angiopathy with an associated acute lung injury pattern. Some patients suddenly deteriorate like this.

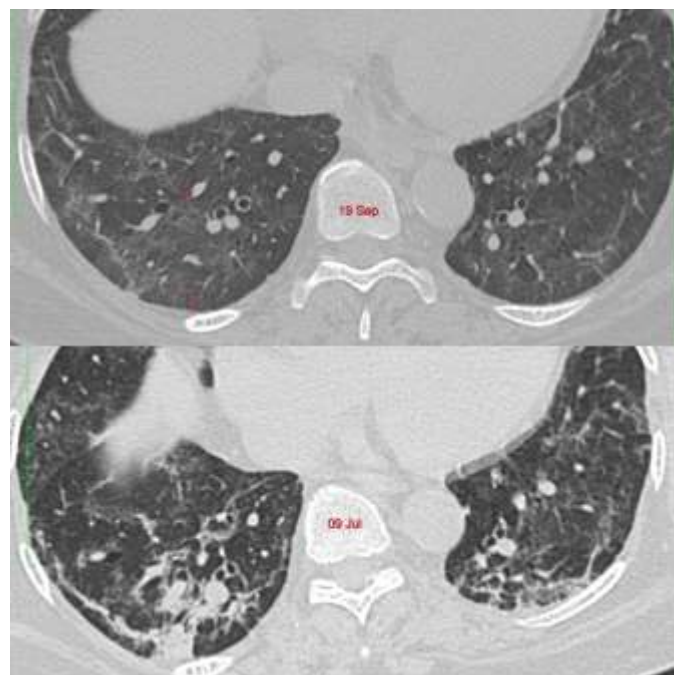


Fig. 3: This 74-years old individual had a CT scan 1 month after her COVID-19 diagnosis showing consolidation and thick bands in the lower lobes. 10 weeks later, the lesions have resorbed with a residual "melted sugar" appearance.

At a glance

- ◆ COVID-19 lung involvement proceeds in many ways. It can regress, progress, proceed to medium term ILD
- ◆ It is difficult to predict how COVID-19 will play out in the lungs, though the vast majority of patients show regression within 4-6 weeks.

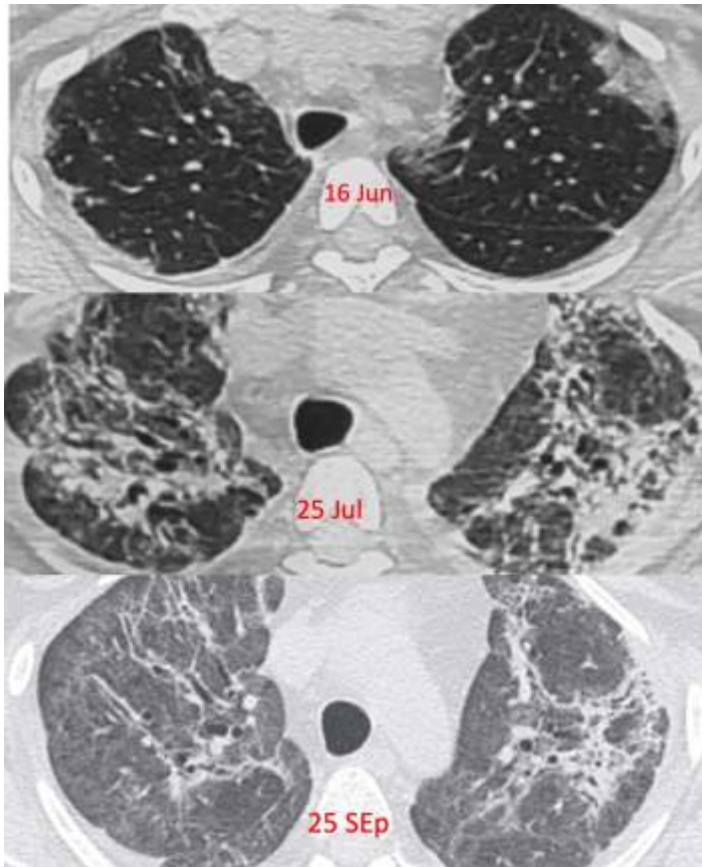


Fig. 4: This 47-years old had COVID-19 in mid-June. Her CT scan of 16 Jun shows typical subpleural areas of ground glass. In most patients, these resolve completely or with residual subtle ground glass or reticular opacities. This lady had particularly severe disease and the scan of 25 Jul shows traction bronchiectasis and distortion of architecture with volume loss, findings that are suggestive of fibrosis. But her repeat scan of 25 Sep shows seems to show some improvement.

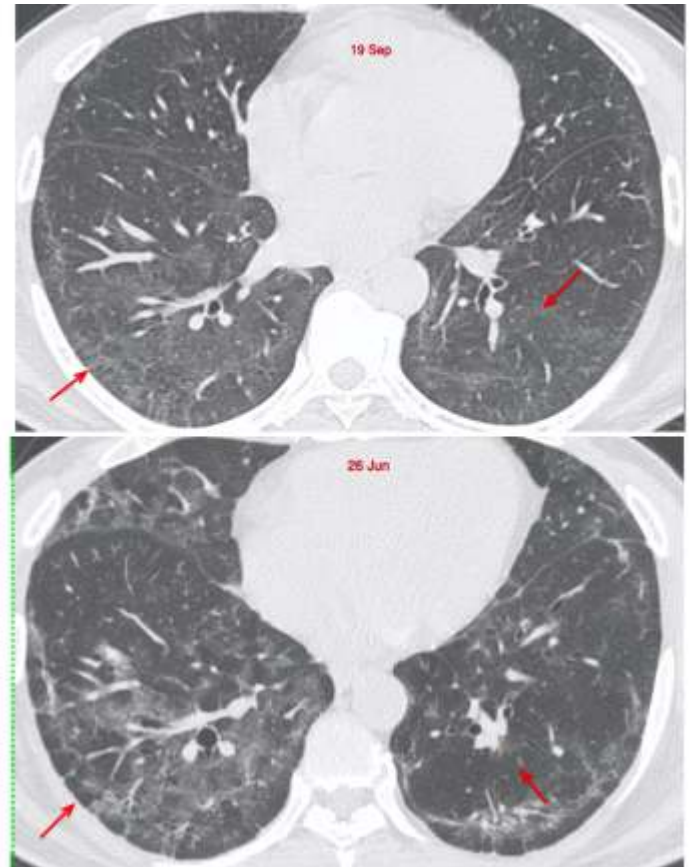


Fig. 5: This 57-years old man was tested positive in mid-May. He had a scan in June and then in September. While there is resorption of some of the ground glass and reticular opacities between Jun and Sept, some of the "normal" lung now shows ground glass. The patient however is stable and has not worsened. Is this related to reperfusion change?

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