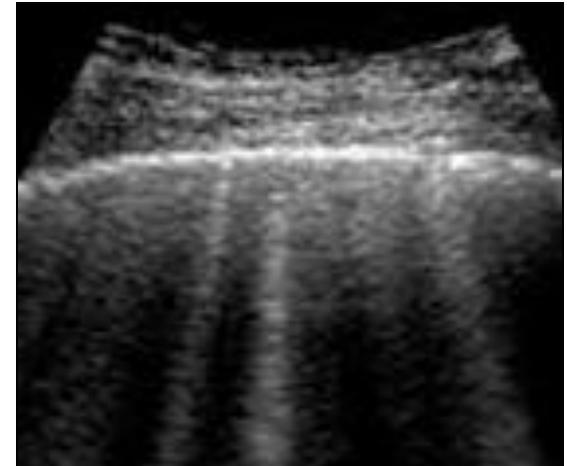
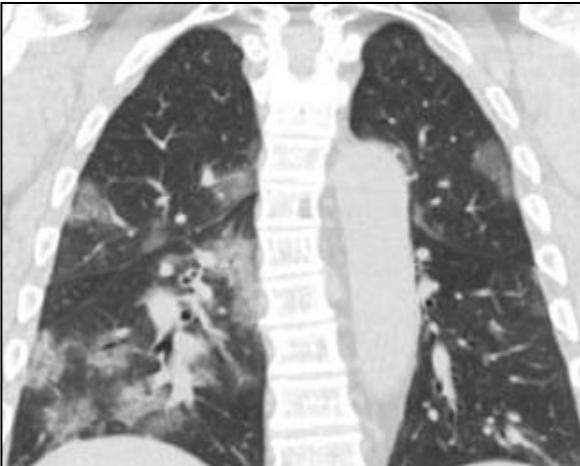
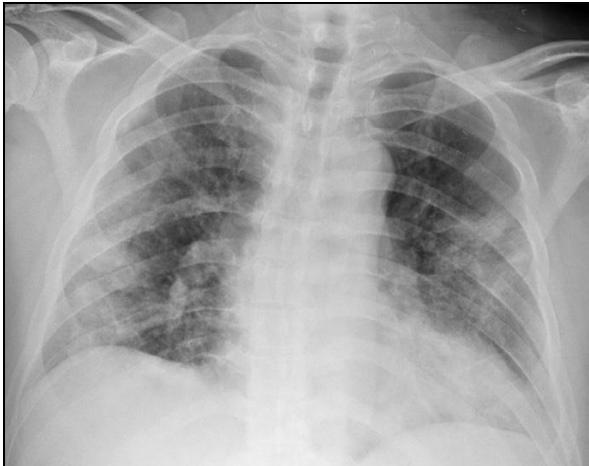




HALLAZGOS IMAGENOLÓGICOS “NEUMONÍA POR SARS-CoV2”



Dr. Pedro Pablo González Rojas.

Dr. Desy Pozo Alonso.

Profesor Auxiliar.

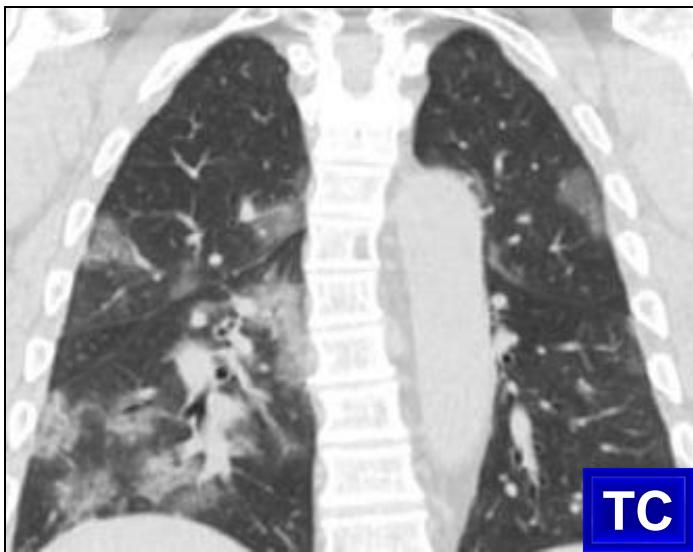
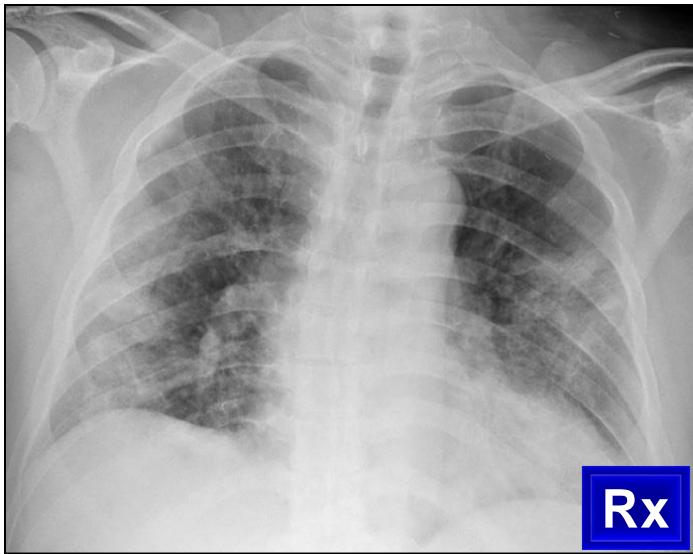
La Habana. Cuba.



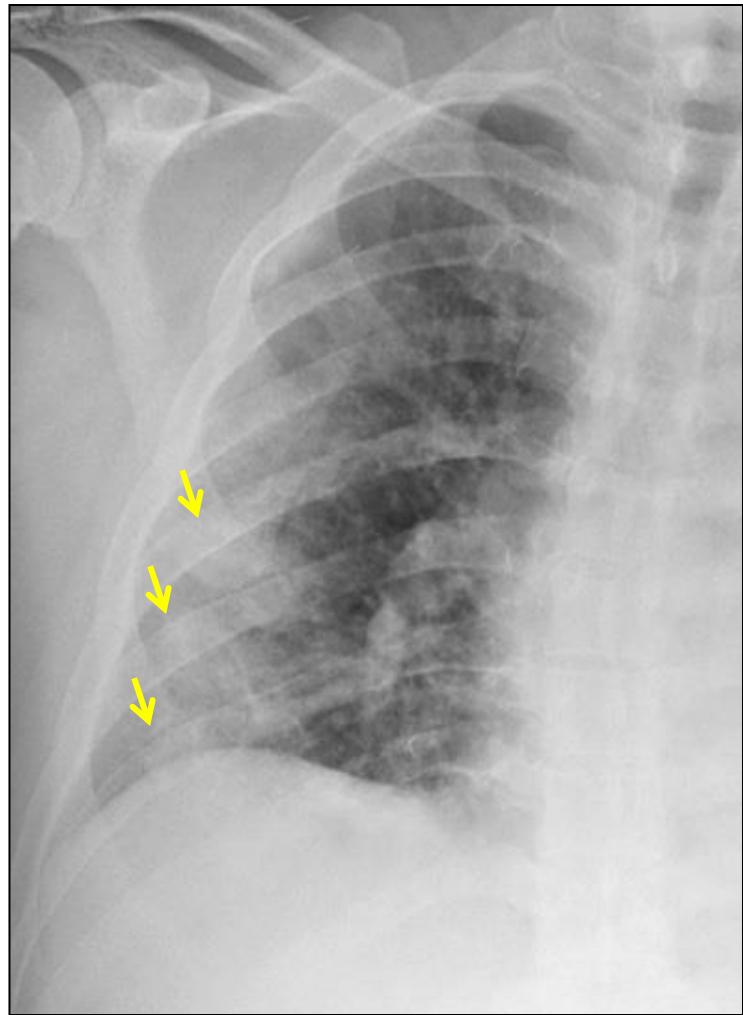
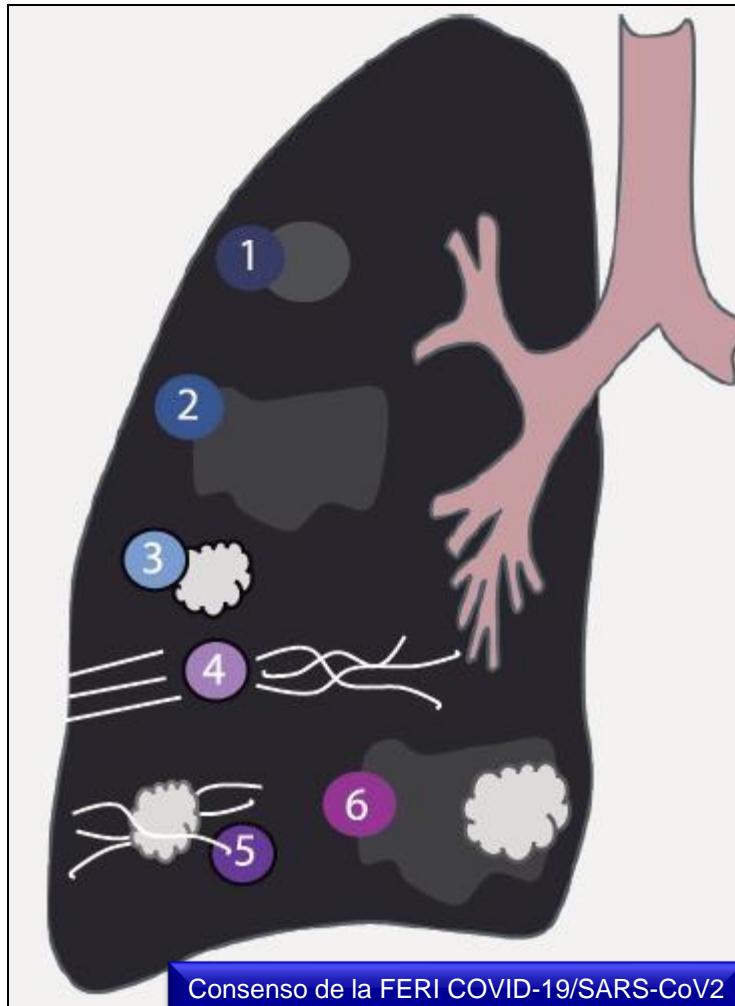
Objetivos

- ❑ Técnicas de diagnóstico por imágenes.
- ❑ Hallazgos imagenológicos.
- ❑ Imágenes en pacientes convaleciente.
- ❑ Inteligencia artificial.

Herramientas diagnósticas



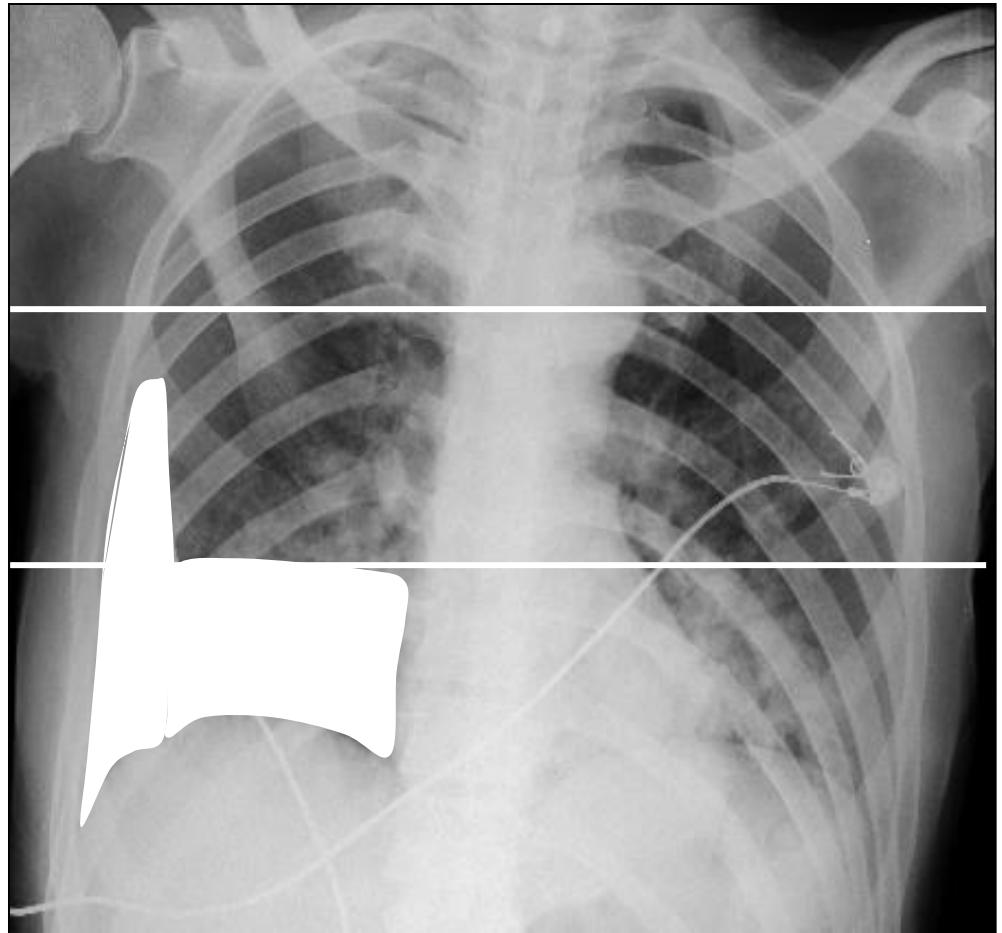
Rx - Hallazgos frecuentes



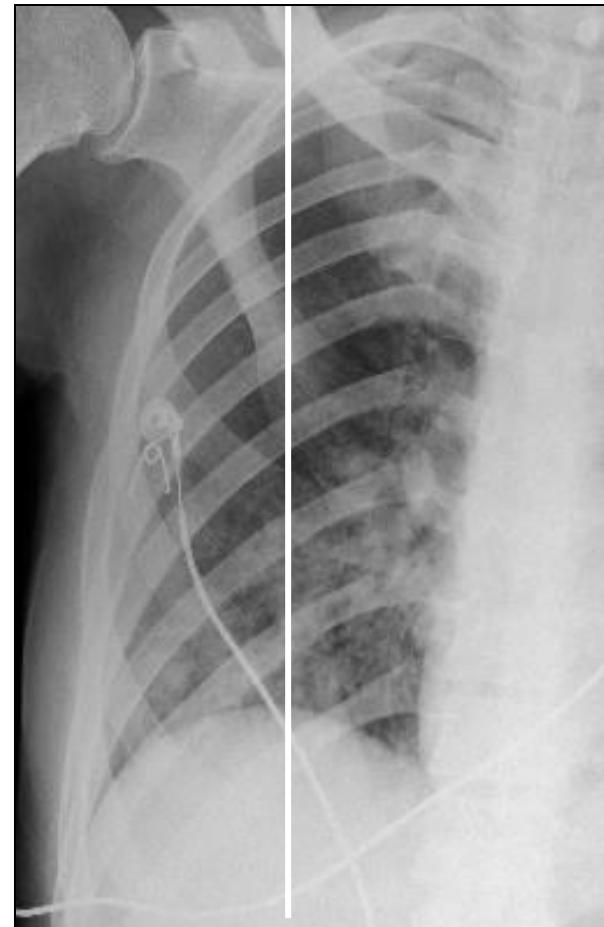
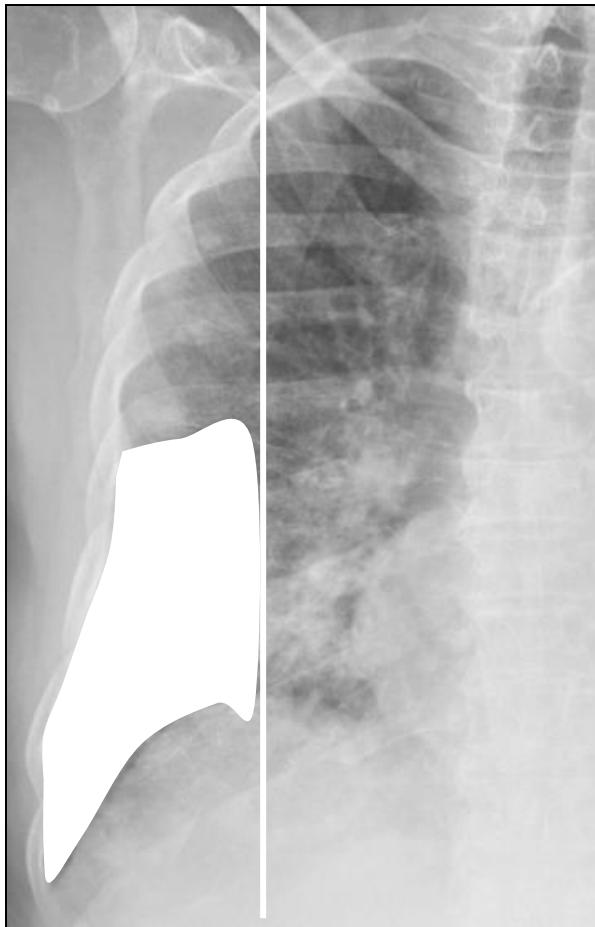
Wong HYF, Lam HYS, Fong AHT, Leung ST, Chin et al. Frequency and Distribution of Chest Radiographic Findings in COVID-19 Positive Patients. Radiology. 2020

Rx - Hallazgos frecuentes

- Periférica.
- Subpleural.**
- Basal posterior.**
- Múltiples.
- Bilateral.

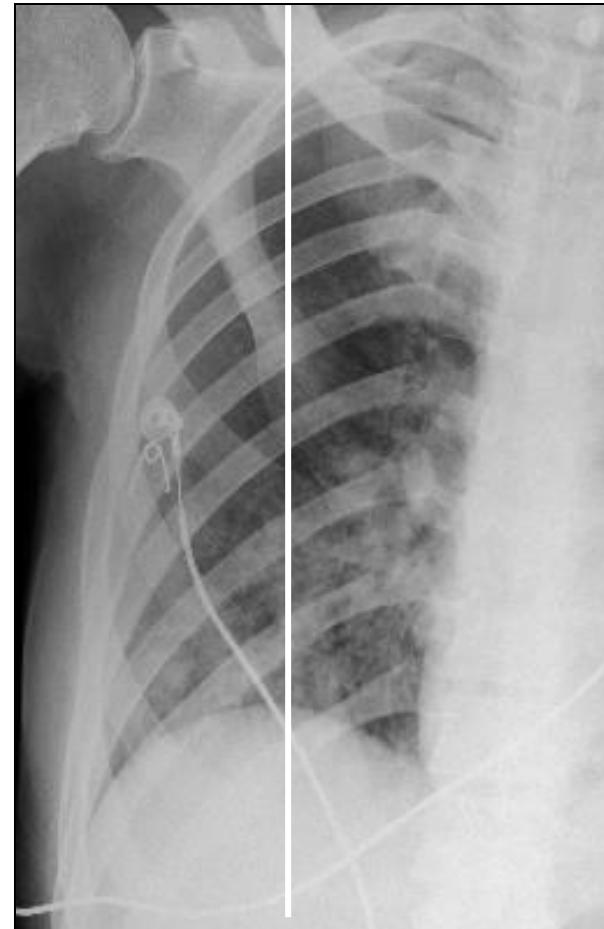


Diferencial



Diferencial

- ❑ **Periféricos:**
 - Neumonía eosinofílica.
- ❑ **No periféricos:**
 - Influenza.
 - H1N1.
- ❑ **Neumonía organizada:**
 - Virales.
 - Bacterianas.
 - ETC.
 - Hipersensibilidad (fármacos).

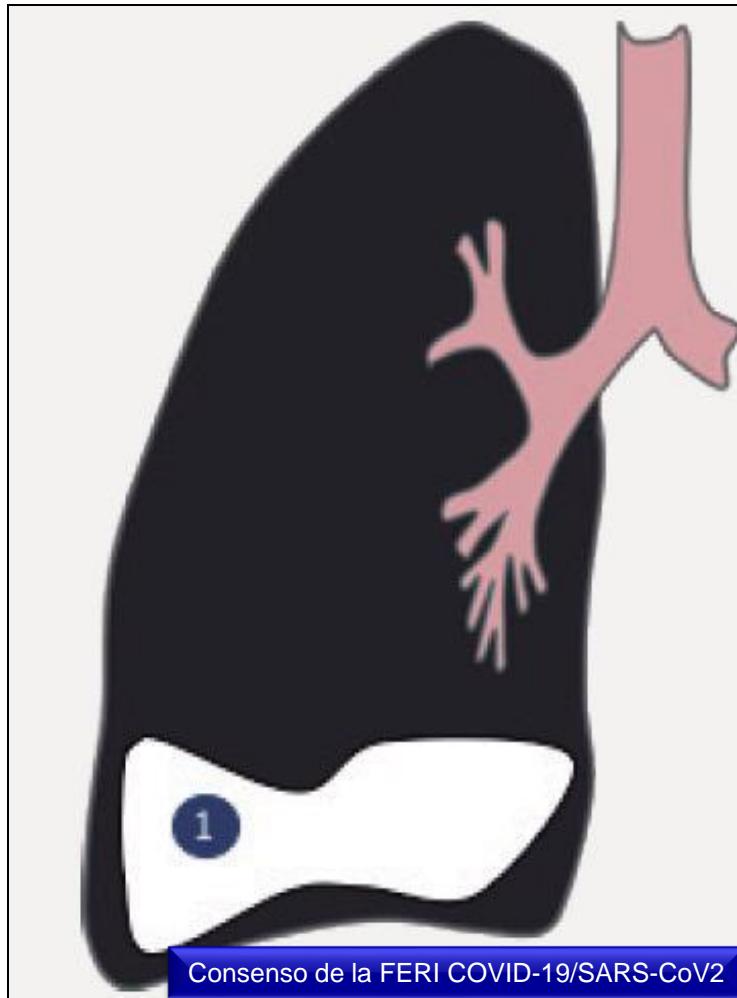


Rx - Hallazgos frecuentes

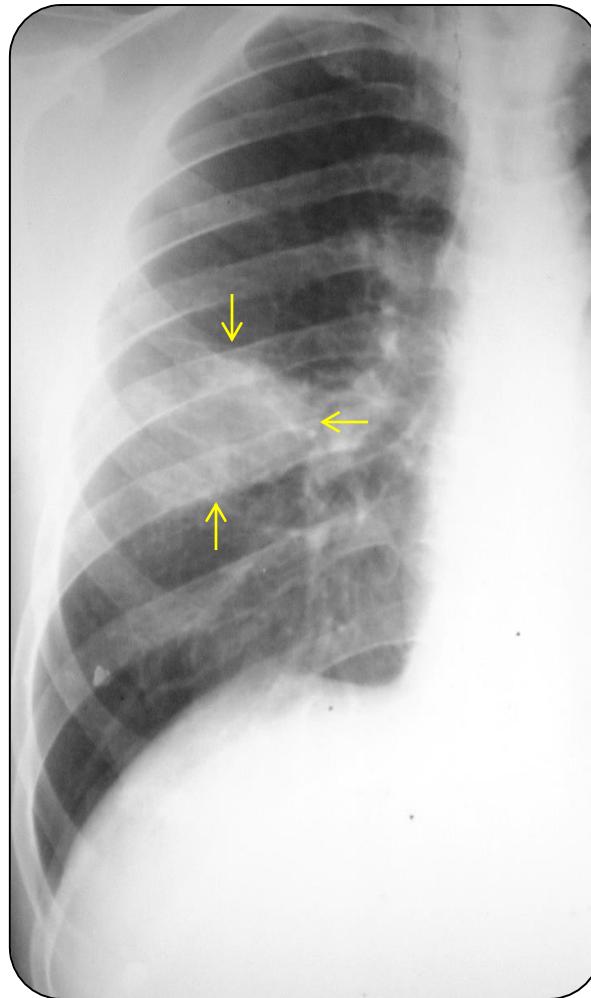
- ❑ Masculino.
- ❑ 64 años.
- ❑ ERCT.
- ❑ Diabetes mellitus.
- ❑ HTA.
- ❑ Tos seca.
- ❑ Falta de aire.



Rx - Hallazgos poco frecuentes

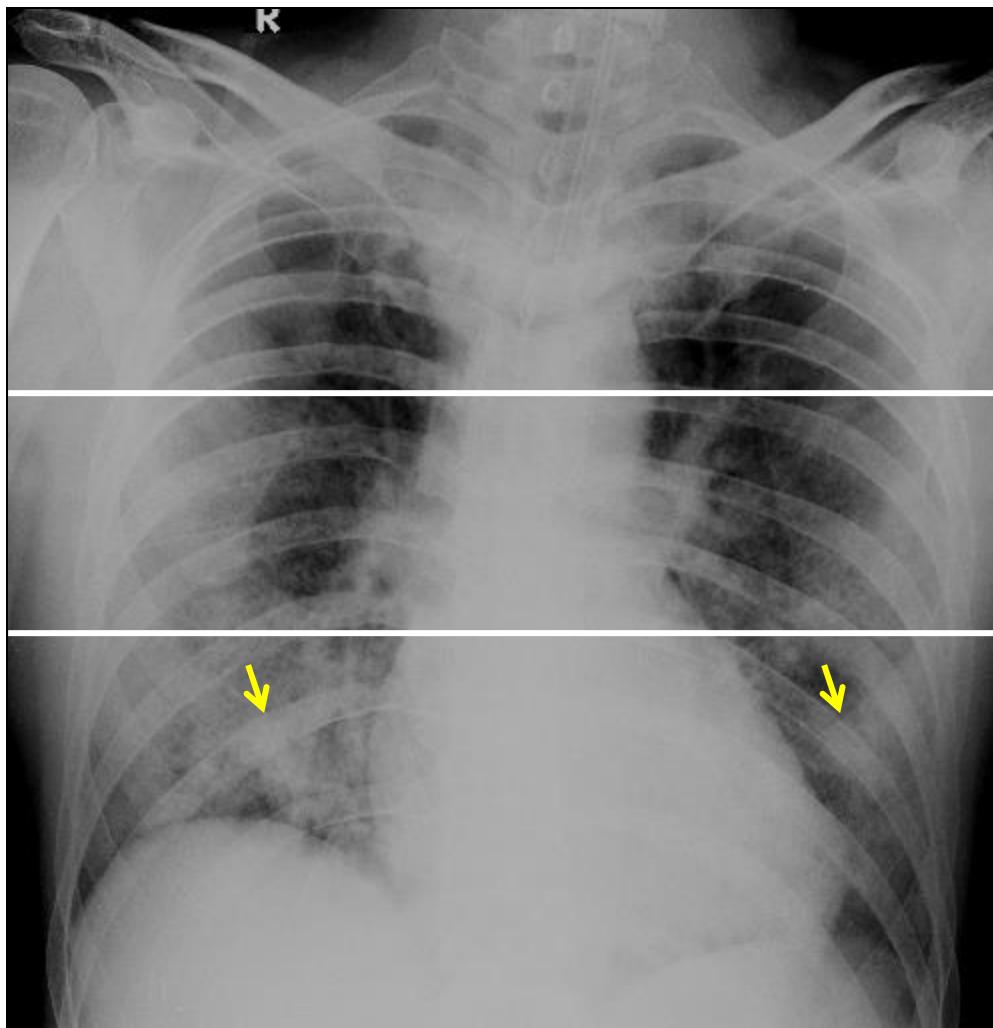


Consenso de la FERI COVID-19/SARS-CoV2

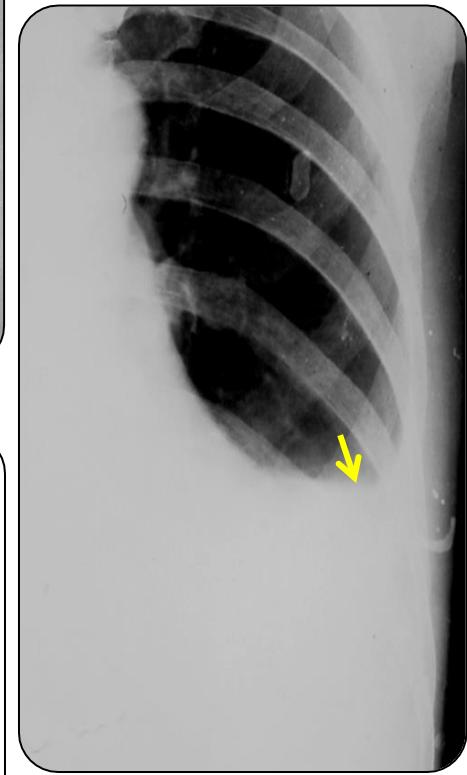
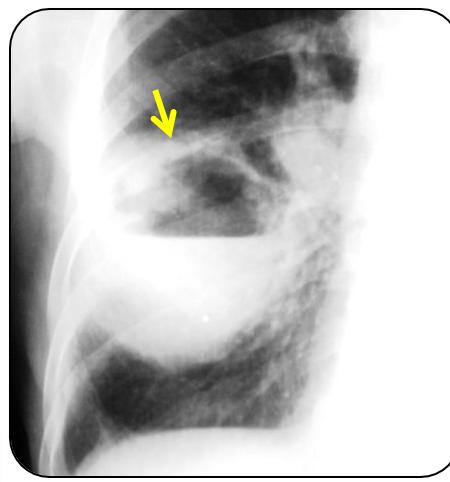
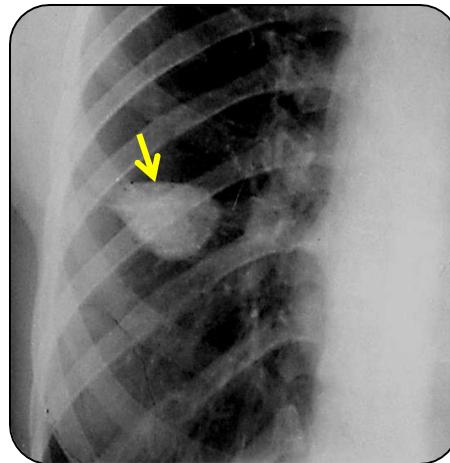
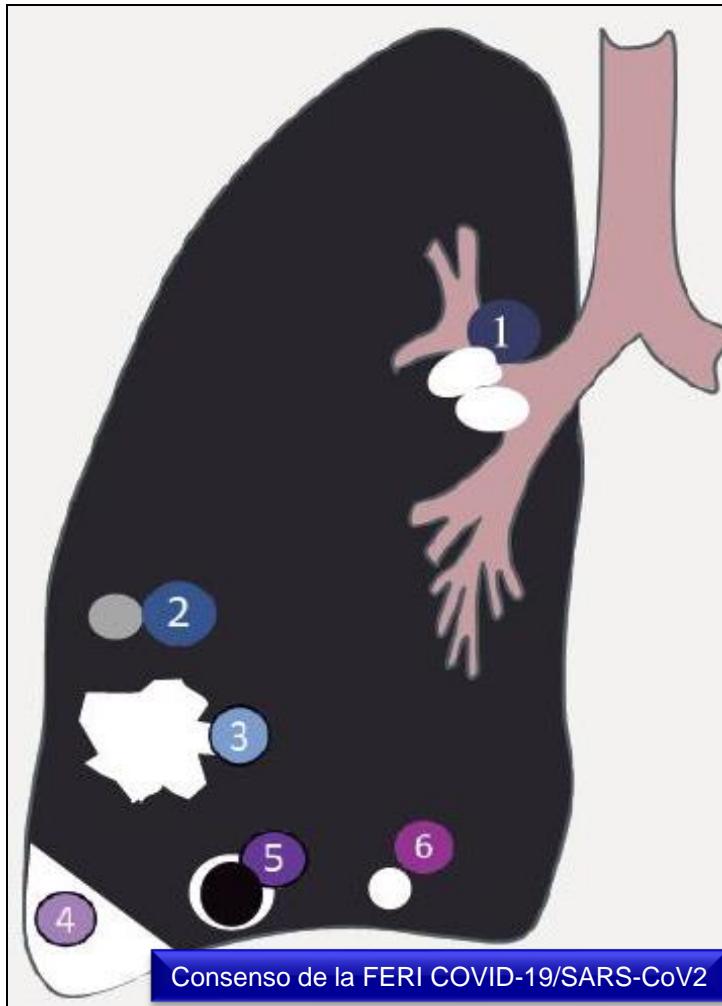


Ng M-Y et al. Imaging Profile of the COVID-19 Infection: Radiologic Findings and Literature Review. Radiol Cardiothoracic Imaging. 2020 Feb 1;2(1): e200034

Patrón combinado



Rx - Hallazgos diferente etiología

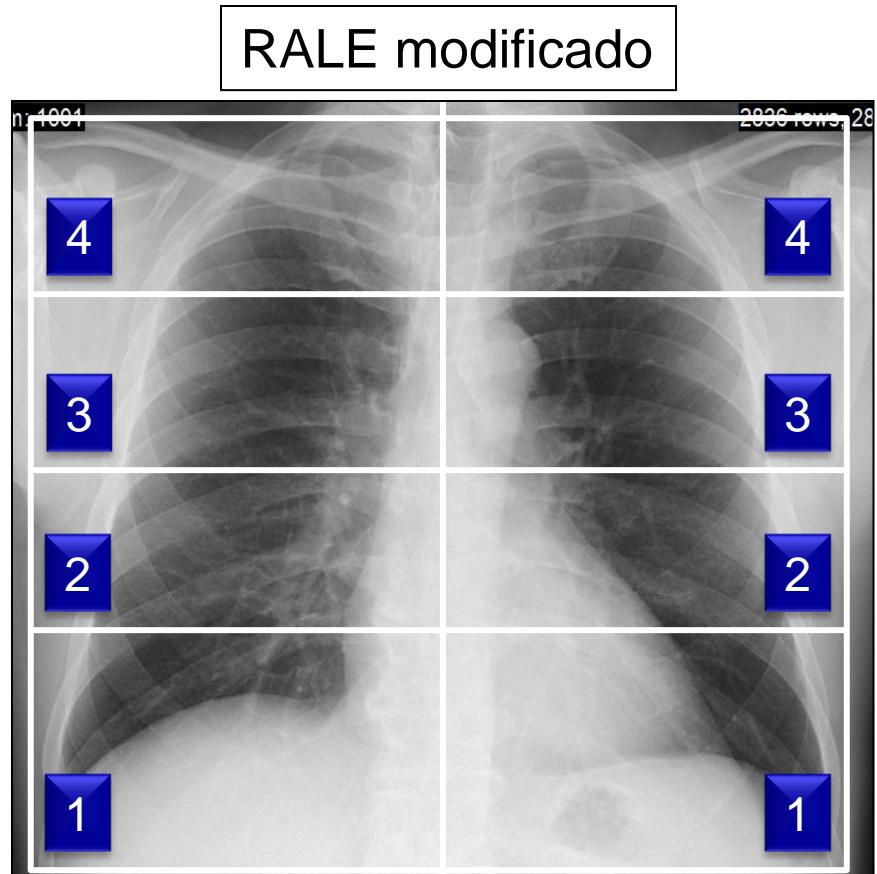


Ng M-Y et al. Imaging Profile of the COVID-19 Infection: Radiologic Findings and Literature Review. Radiol Cardiothoracic Imaging. 2020 Feb 1;2(1): e200034

Escala estratificación de severidad

Puntaje:

- Normal: 0
- < 25%: 1
- 25 - 50%: 2
- 50 - 75%: 3
- > 75%: 4



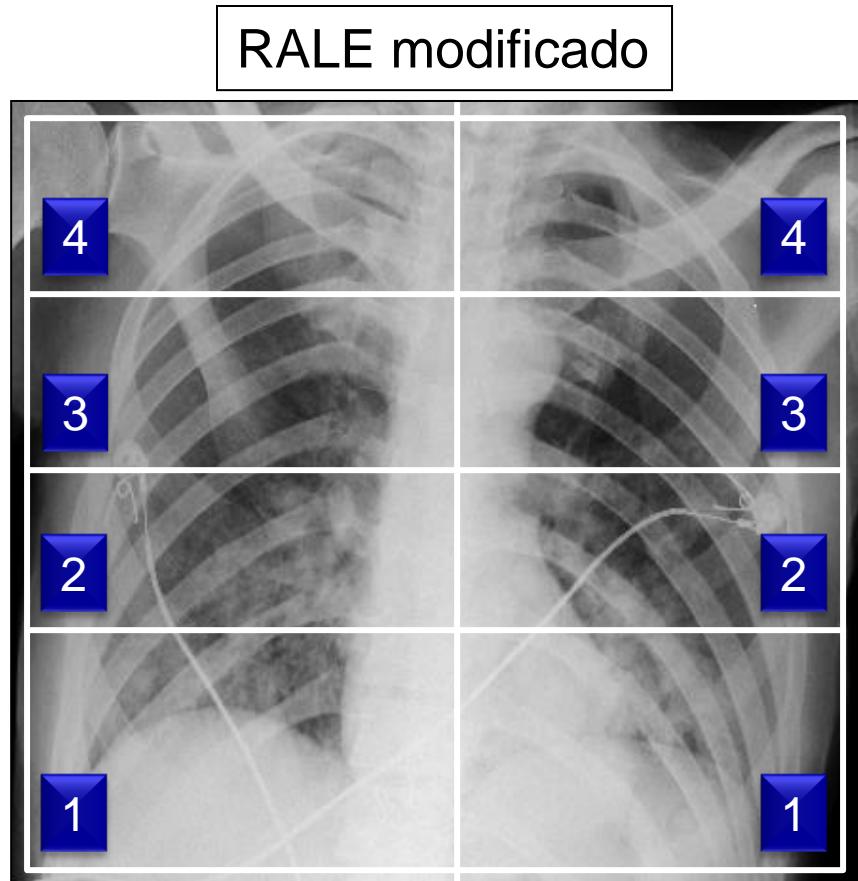
RadioGraphics Assessment of Lung Edema

Warren MA, Zhao Z, Koyama T, Bastarache JA, Shaver CM, Semler MW, et al. Severity scoring of lung oedema on the chest radiograph is associated with clinical outcomes in ARDS. Vol. 73, Thorax. 2018. p. 840–6

Afectación pulmonar

Clasificación final:

- Normal: 0
- Leve: 1 - 2
- Moderada: 3 - 6
- Severa: 7 - 8



Warren MA, Zhao Z, Koyama T, Bastarache JA, Shaver CM, Semler MW, et al. Severity scoring of lung oedema on the chest radiograph is associated with clinical outcomes in ARDS. Vol. 73, Thorax. 2018. p. 840–6

Evidencia científica

Radiology

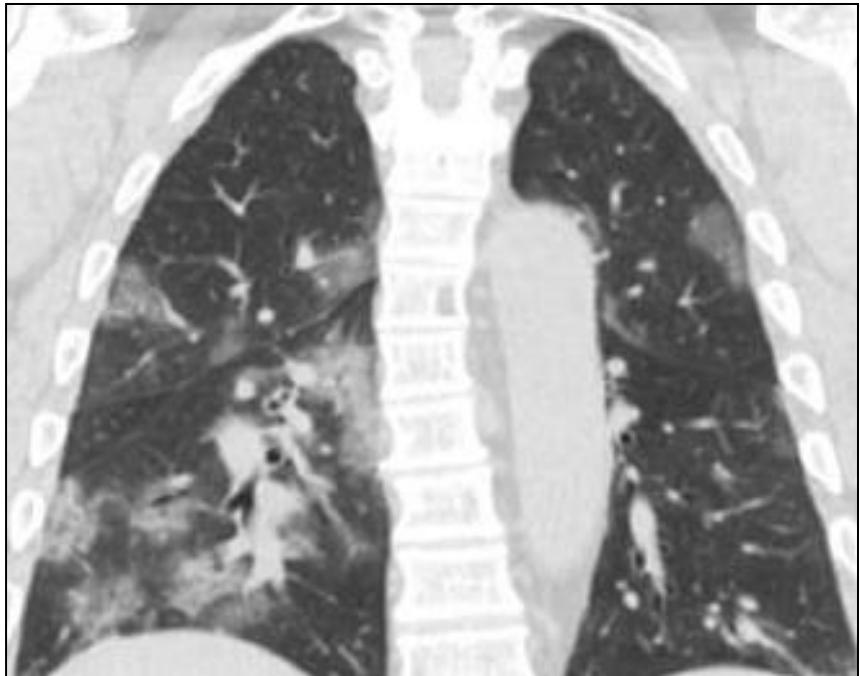
Clinical and Chest Radiography Features Determine Patient Outcomes in Young and Middle-aged Adults with COVID-19

Results: The study included 338 patients: 210 men (62%), with median age of 39 years (interquartile range, 31–45 years). After adjustment for demographics and comorbidities, independent predictors of hospital admission ($n = 145$, 43%) were chest radiograph severity score of 2 or more (odds ratio, 6.2; 95% confidence interval [CI]: 3.5, 11; $P < .001$) and obesity (odds ratio, 2.4 [95% CI: 1.1, 5.4] or morbid obesity). Among patients who were admitted, a chest radiograph score of 3 or more was an independent predictor of intubation ($n = 28$) (odds ratio, 4.7; 95% CI: 1.8, 13; $P = .002$) as was hospital site. No significant difference was found in primary outcomes across race and ethnicity or those with a history of tobacco use, asthma, or diabetes mellitus type II.

Conclusion: For patients aged 21–50 years with coronavirus disease 2019 presenting to the emergency department, a chest radiograph severity score was predictive of risk for hospital admission and intubation.

TC

- ❑ Sensibilidad: 60 - 98%.
- ❑ Especificidad: 25 - 53%.
- ❑ VPP: 92%.
- ❑ VPN: 42%.



Ai T, Yang Z, Hou H, Zhan C, Chen C, Lv W, Tao Q, Sun Z, Xia L. Correlation of Chest CT and RT-PCR Testing in Coronavirus Disease 2019 (COVID-19) in China: A Report of 1014 Cases. *Radiology*. 2020 Feb 26:200642. doi: 10.1148/radiol.2020200642. [Epub ahead of print] PubMed PMID:

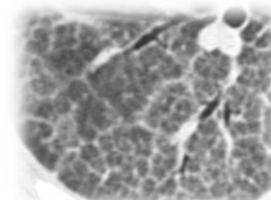
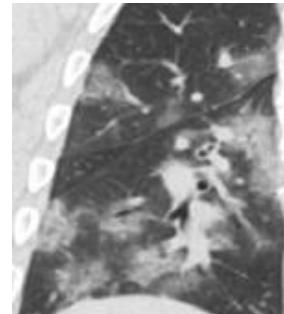
Wen Z, Chi Y, Zhang L, Liu H, Du K, Li Z, Chen J, Cheng L, Wang D. Coronavirus Disease 2019: Initial Detection on Chest CT in a Retrospective Multicenter Study of 103 Chinese Subjects. RYCT-20-0092, in press

Inui S, Fujikawa A, Jitsu M, Kunishima N, Watanabe S, Suzuki Y, Umeda S, Uwabe Y. Chest CT Findings in Cases from the Cruise Ship "Diamond Princess" with Coronavirus Disease 2019 (COVID-19). *Radiology Cardiothoracic Imaging* 2020 Mar 17. doi: 10.1148/ryct.2020200110

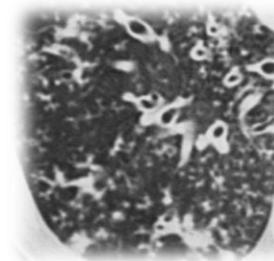
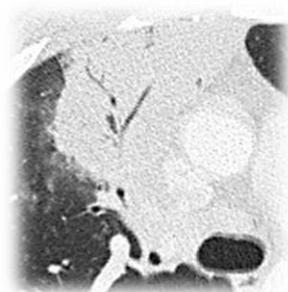
Fang Y, Zhang H, Xie J, Lin M, Ying L, Pang P, Ji W. Sensitivity of Chest CT for COVID-19: Comparison to RT-PCR. *Radiology*. 2020 Feb 19:200432. doi: 10.1148/radiol.2020200432. [Epub ahead of print] PubMed PMID: 32073353.

**Radiological Society of North America Expert Consensus Statement on Reporting
Chest CT Findings Related to COVID-19. Endorsed by the Society of Thoracic
Radiology, the American College of Radiology, and RSNA.**

Típica.



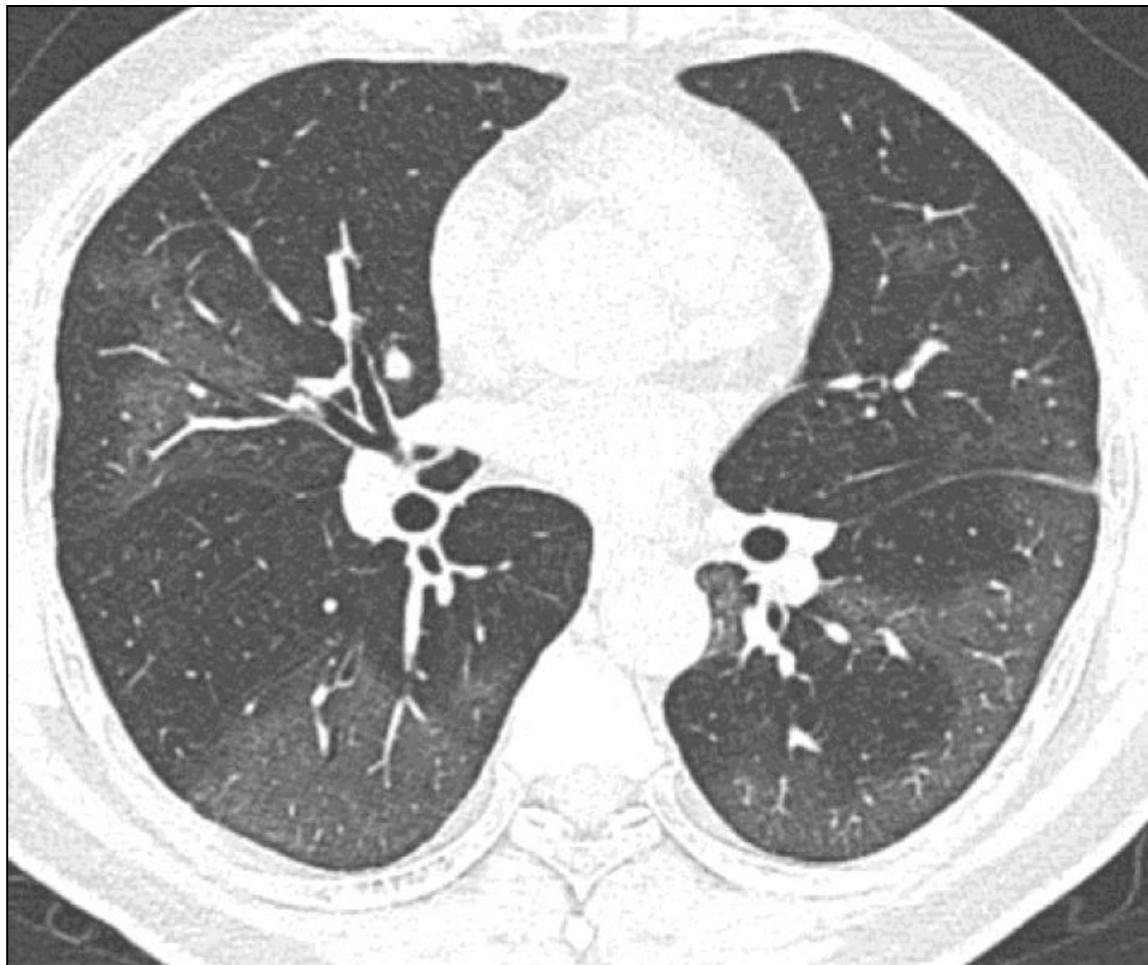
Indeterminada.



Atípica.

Negativo.

Apariencia típica



TC

La Society of Thoracic Radiology (STR) y American Society of Emergency Radiology Society (ASER) no recomiendan a la tomografía como estudio de rutina para el diagnóstico de COVID-19 en pacientes bajo investigación. La tomografía puede utilizarse en aquellos pacientes con test positivo de RT-PCR y sospecha de complicaciones tales como absceso o empiema.

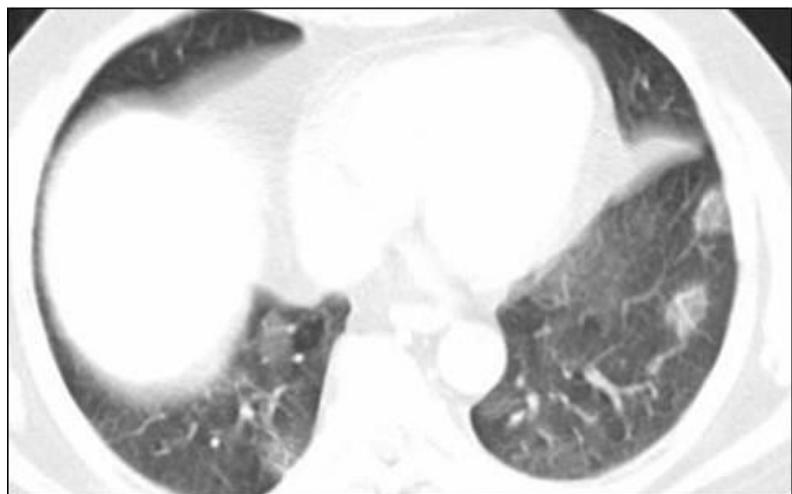
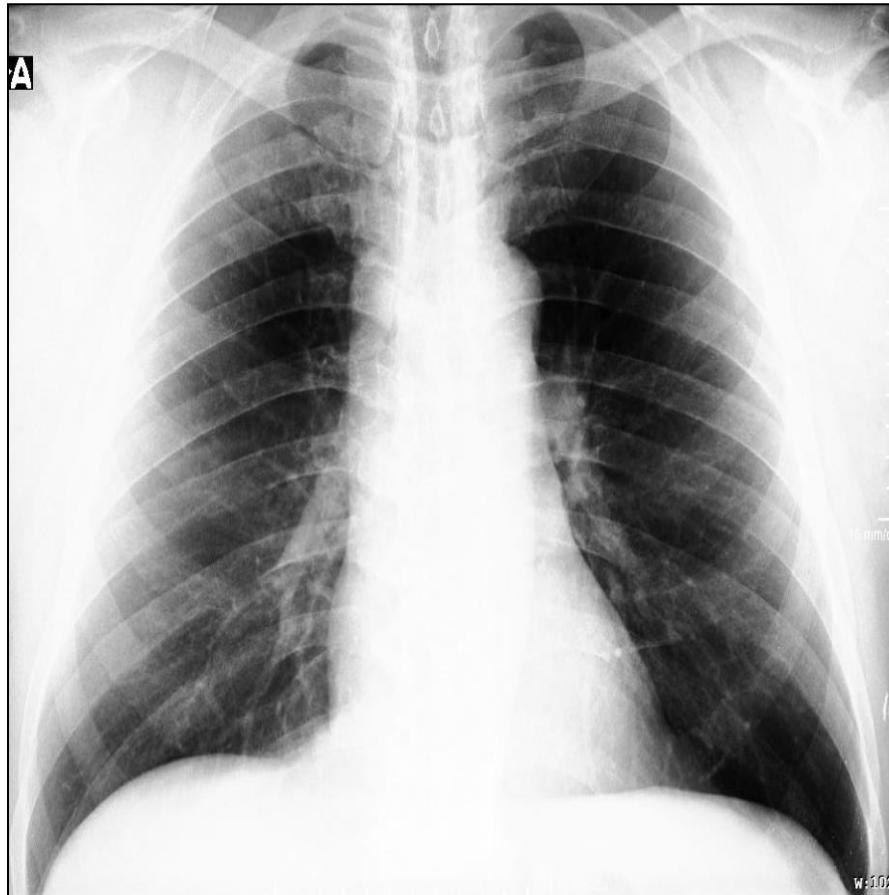


Society of
THORACIC
Radiology

STR/ASER COVID-19 Position Statement
March 11, 2020

At this time, the STR and ASER do not recommend routine CT screening for the diagnosis of patients under investigation for COVID-19. Chest CT can be restricted to patients who test positive for COVID-19 and who are suspected of having complicating features such as abscess or empyema.

Falso negativo



Falso negativo



Fases de la neumonía

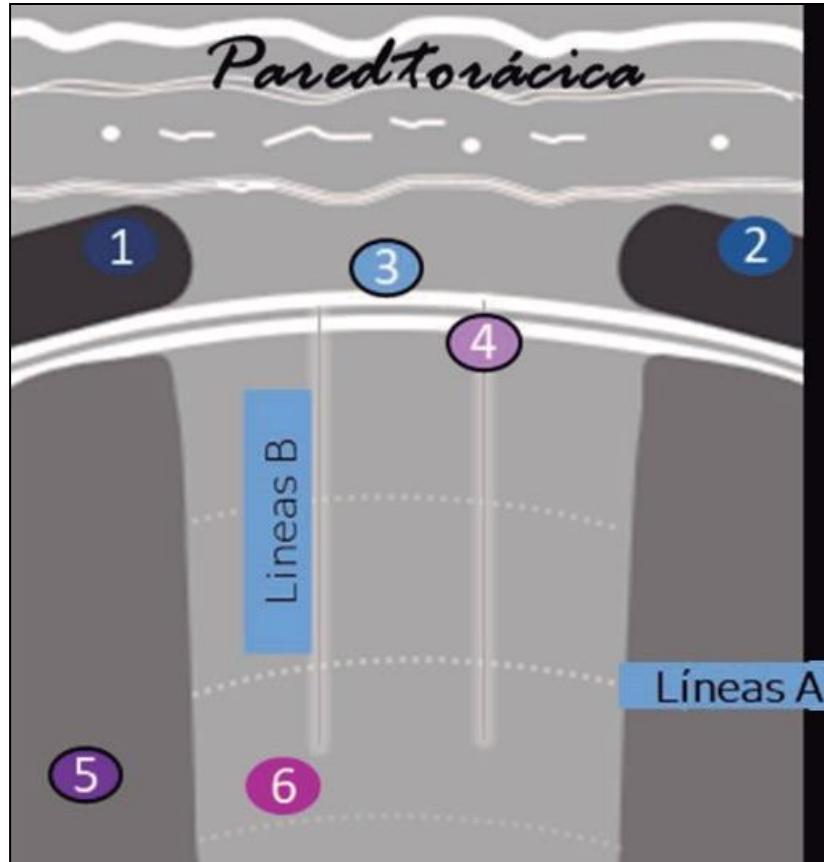
Fases:

- ❑ Estadio 1: 0 - 4 días
- ❑ Estadio 2: 5 - 8 días
- ❑ Estadio 3: 9 - 13 días
- ❑ Estadio 4: > 14 días



Pan F, Ye T, Sun P, Gui S, Liang B, Li L, et al. Time Course of Lung Changes On Chest CT During Recovery From 2019 Novel Coronavirus (COVID-19) Pneumonia. Radiology. 2020;

Ecografía



Consenso de la FERI COVID-19/SARS-CoV2

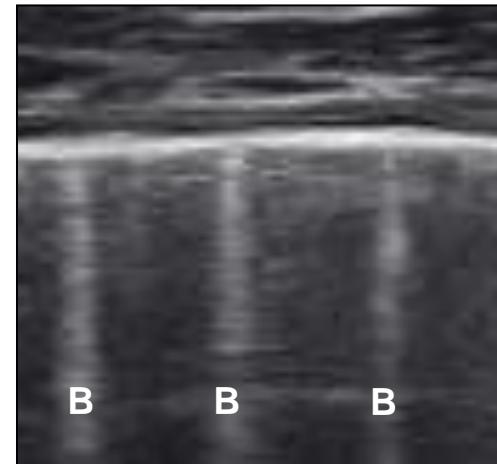
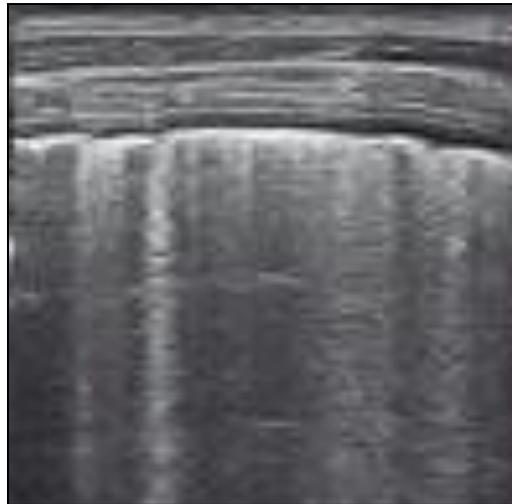
Ecografía

Hallazgos:

- ❑ Engrosamiento pleural.
- ❑ Irregularidad pleural.
- ❑ Líneas B (focal, multifocal o confluentes).
- ❑ Perdidas de líneas A.
- ❑ Consolidaciones.
- ❑ Haz de luz.

PUNTAJE	HALLAZGOS
Puntaje 0	Línea pleural continua, líneas A
Puntaje 1	Línea pleural irregular, líneas B escasas
Puntaje 2	Disrupción de la línea pleural, líneas B abundantes, pequeñas áreas de consolidación
Puntaje 3	Consolidaciones grandes y pulmón blanco

Score ecográfico



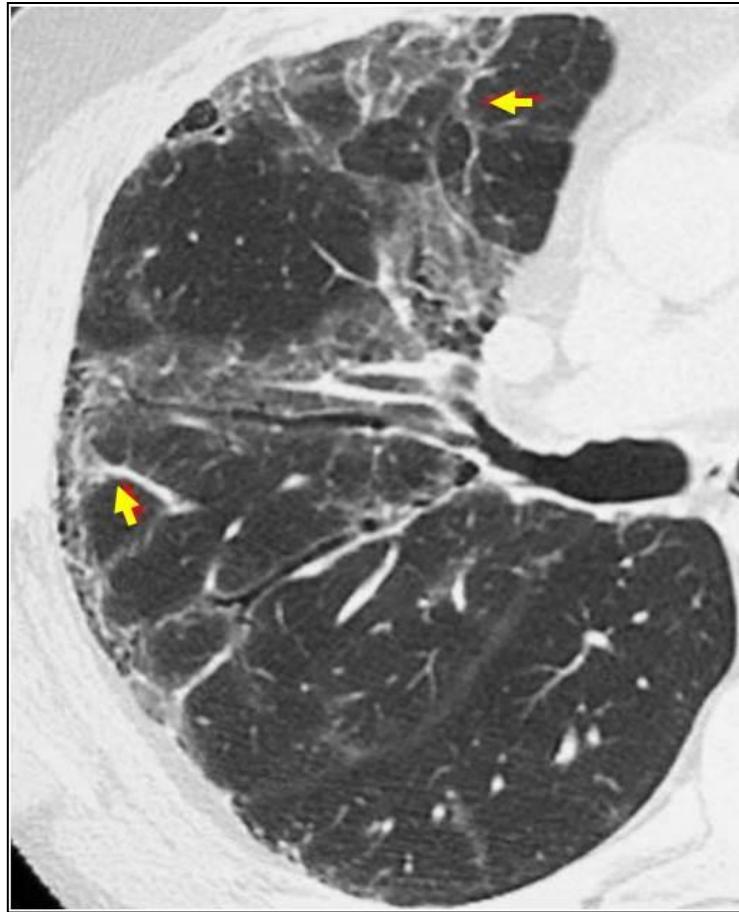
Soldati G, Smargiassi A, Inchegolo R, Buonsenso D, Perrone T, Briganti DF, et al. Proposal for international standardization of the use of lung ultrasound for COVID-19 patients; a simple, quantitative, reproducible method. J Ultrasound Med. 2020;1–7.

Secuelas post COVID-19

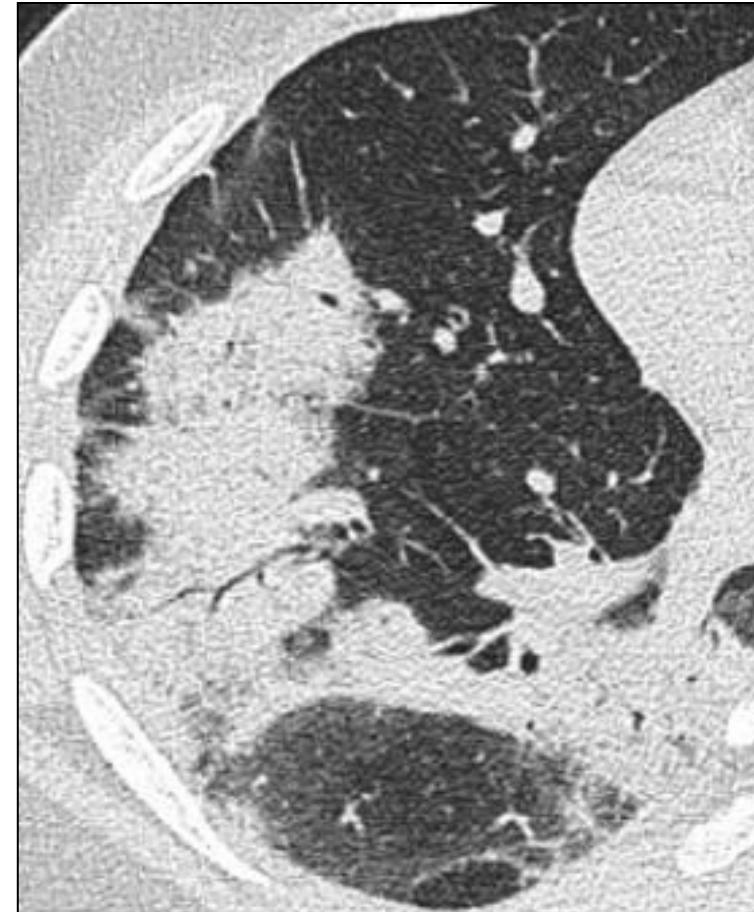
I. Enfermedad intersticial pulmonar difusa.

- NINE.
- Neumonía organizada.
- Fibrosis pulmonar:
 - ❖ Engrosamiento septos inter o intralobulillar.
 - ❖ Bronquioloectasia por tracción.
 - ❖ Disminución de volumen pulmonar.
 - ❖ Bandas parenquimatosas.
 - ❖ Panalización (+ raro).

Secuelas post COVID-19

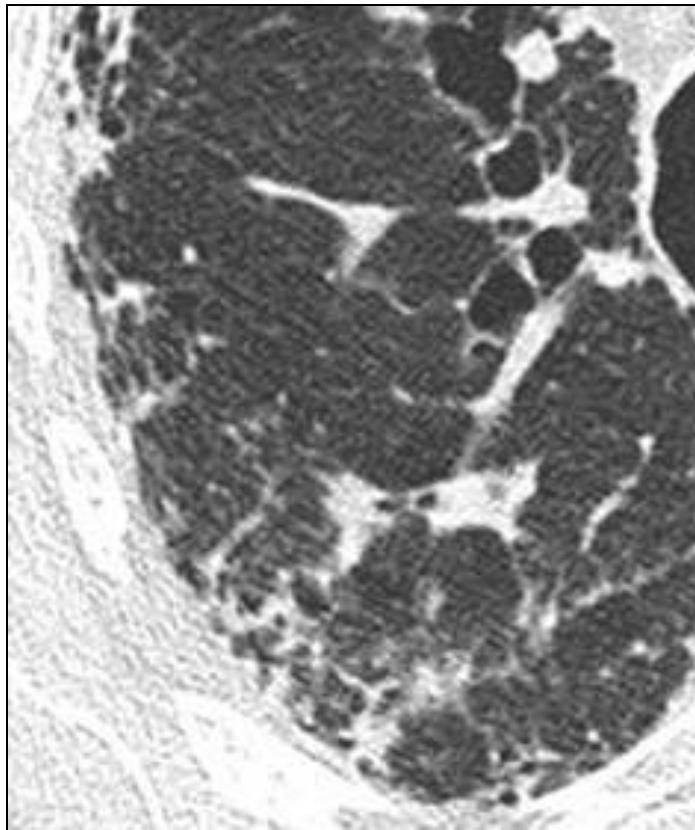


NINE

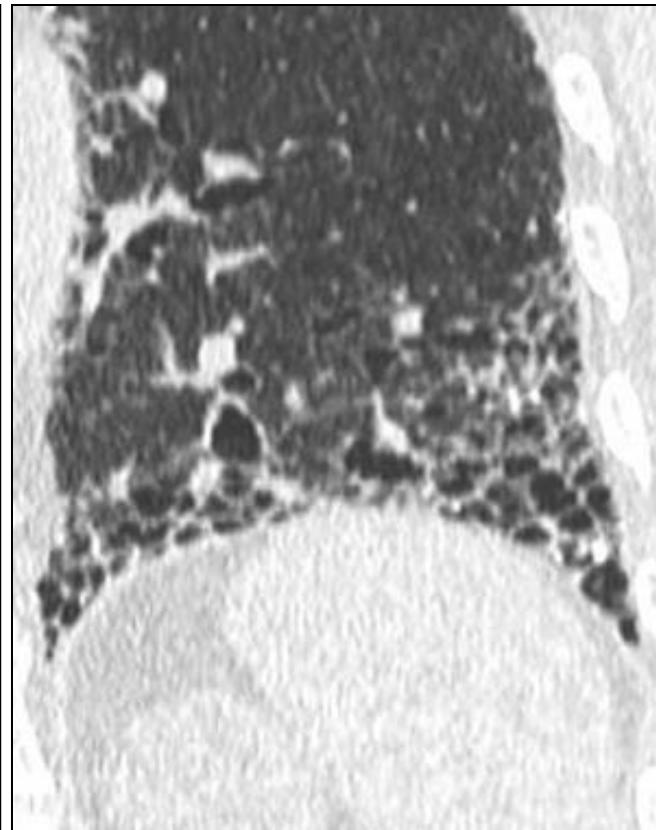


N. Organizada

Secuelas post COVID-19



Septos



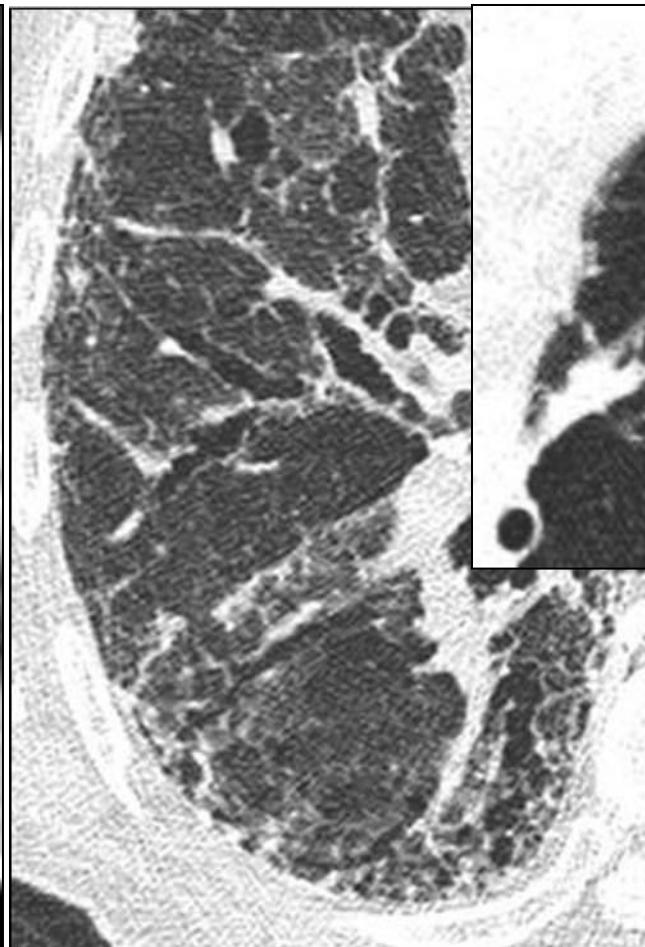
Panalización



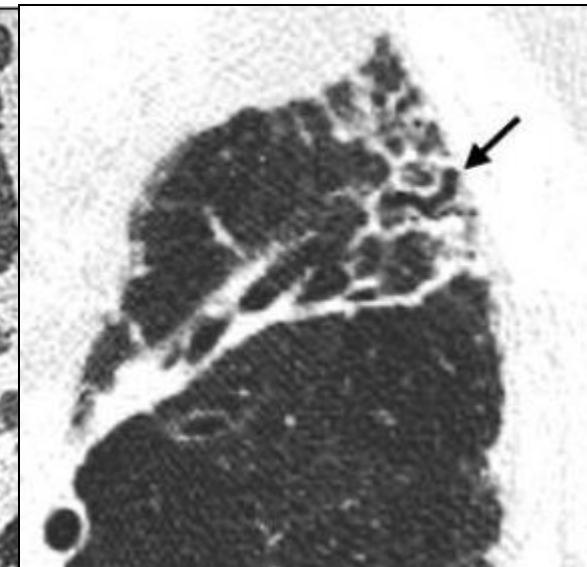
Secuelas post COVID-19



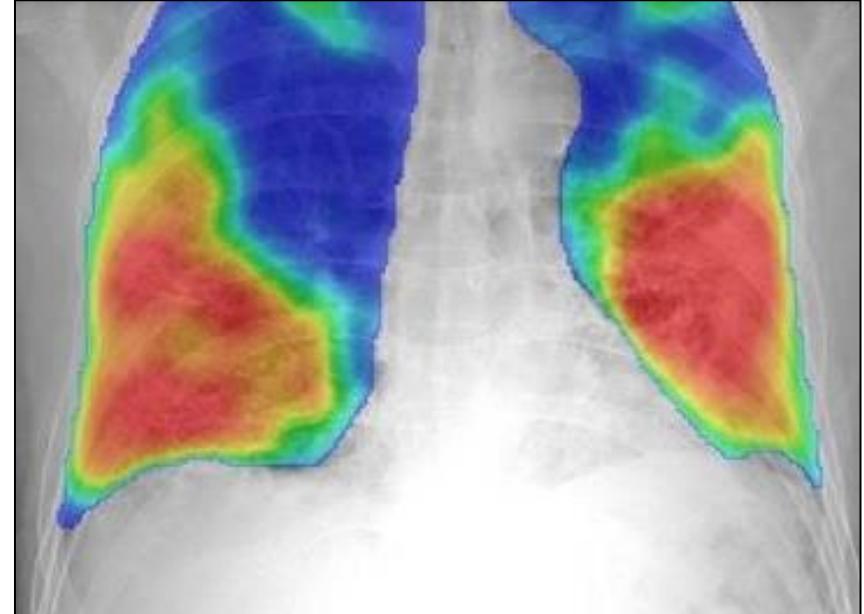
TEP



Bronquiectasias



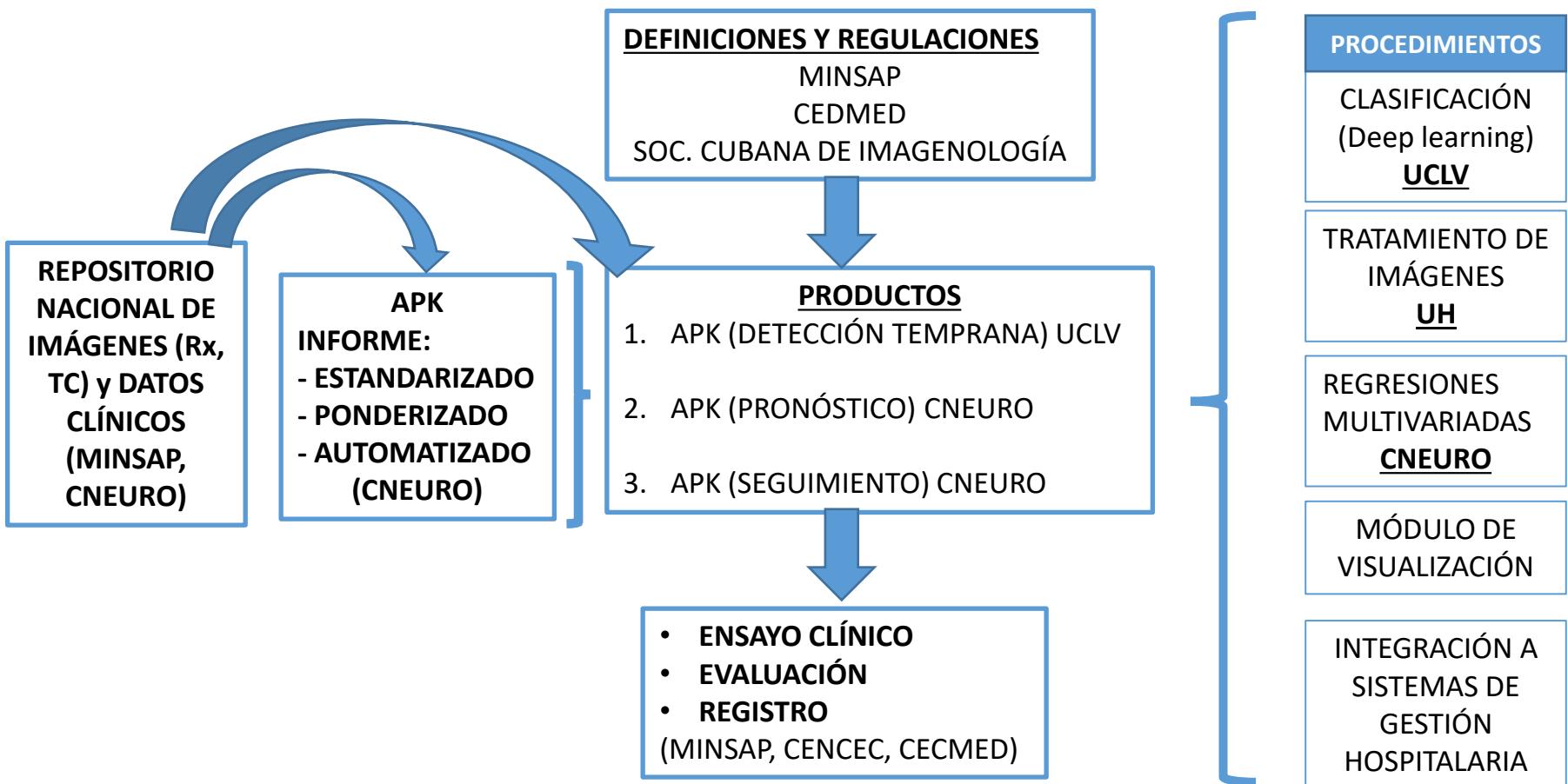
Inteligencia artificial



Triage for COVID-19 Using AI on Chest X-rays – Thirona

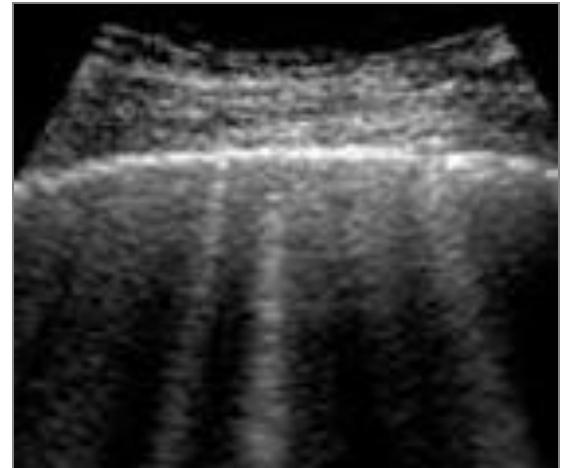
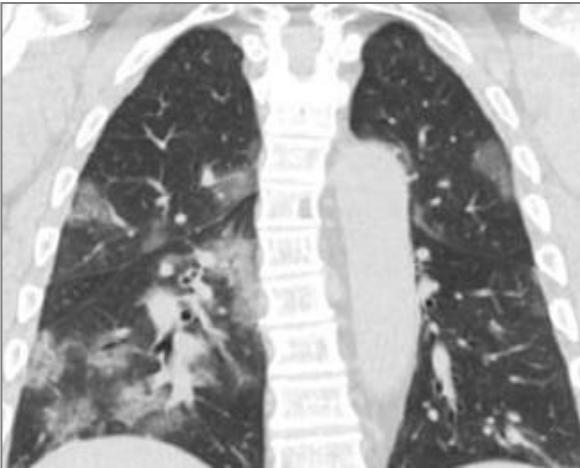
Li L, Qin L, Xu Z, Yin Y, Wang X, Kong B, et al. Artificial Intelligence Distinguishes COVID-19 from Community Acquired Pneumonia on Chest CT

Objetivos





GRACIAS



Dr. Pedro Pablo González Rojas.

Dr. Desy Pozo Alonso.

Profesor Auxiliar.

La Habana. Cuba.

