

Radiologic Manifestations of Severe Acute Respiratory Syndrome



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SOON AFTER RETURNING FROM HONG KONG, A PREVIOUSLY HEALTHY 48-YEAR-OLD MAN BEGAN TO HAVE fever, malaise, dyspnea, and a nonproductive cough. His temperature was 38.5°C (101.3°F), and his arterial oxygen saturation was 92 percent while he was breathing room air. Laboratory tests revealed elevated serum levels of lactate dehydrogenase, a normal white-cell count, and lymphopenia. He was treated with oxygen, intravenous ribavirin, prednisone, and levofloxacin. He was in stable condition one week after treatment.

An initial computed radiograph of the chest showed hazy opacities with a ground-glass appearance in the right upper and left lower lobes (Panel A, arrows). High-resolution computed tomographic (CT) scans of the chest (Panels B and C) revealed extensive, bilateral ground-glass opacities (arrows). The findings in this patient were similar to those seen in diffuse interstitial pneumonia and in early acute respiratory distress syndrome.

The radiographic and CT manifestations of severe acute respiratory syndrome include ground-glass opacities and unilateral and bilateral air-space consolidation. The findings tend to progress to extensive bilateral consolidation over a period of 24 to 48 hours.

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