

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

# بسم الله الرحمن الرحيم





MONA MAGHRABY



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# جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

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MONA MAGHRABY



#### The Time Course of Lung Changes on Chest CT during Recovery Coronavirus (COVID-19) Pneumonia

**Thesis** 

Submitted for Partial Fulfillment of Master Degree in **Radiology** 

By al Abd El a

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### List of Abbreviations

Abb.	Full term
9D	Two-dimensional
	Two dimensional Three-dimensional
	Acute Fibrinous and Organizing
AFOF	Pneumonia
ARDS	Acute Respiratory Distress Syndrome
	Bronchoarterial
	Bronchoarteriai Bronchus intermedius
	Control and Prevention Center
	Computed tomography
FOV	
	Ground glass opacity
	Hounsfield units
kV	
	Left main bronchus
mA	<b>±</b>
	Milliampere seconds
MDCT	Multidetector helical computed
MD HD 0M	tomography
	Multidetector helical HRCT
mGy	
	Minimum-intensity projection
	Maximum-intensity projection
mSv	
	Nonspecific interstitial pneumonia
	Right main bronchus
	Region of interest
T/D	Bronchial wall thickness/diameter

#### Introduction

At the end of 2019, 27 cases of pneumonia of unknown origin were identified in the city of Wuhan, China. The causative agent of this disease was identified from nasopharyngeal swab samples by the Centers for Disease Control and Prevention (CDC), on January 7, 2020; it was called severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2). The disease was named COVID-19 by the World Health Organization (*Jin et al.*, 2020).

At the moment, the diagnosis is based on clinical findings, the patient's epidemiological history, findings on chest computed tomography (CT), and reverse transcriptase polymerase chain reaction (RT-PCR), the last being the "gold standard" (*Tahamtan et al.*, 2020).

In the current COVID-19 pandemic, radiology plays a fundamental role in patient management. Chest CT is a non-invasive radiological examination that involves the use of X-rays at different angles around the patient's chest to produce cross sectional images (*Hope et al.*, 2020).

As COVID-19 spreads across the world, there is increasing interest in the role of chest CT in screening, diagnosis, and management of patients with suspected or confirmed COVID-19 infection. The American College of Radiology recommends that chest CT should be used with

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discretion and reserved for hospitalized and symptomatic patients with specific clinical indications for CT. Likewise; it indicates that it should not be used as a first line diagnostic test (Yang et al., 2020).

Chest CT is used to assess the severity of the lung affected by COVID-19. However, in some situations such as a shortage of RT-PCR tests in emergency situations, it can be considered as a diagnostic option. This is because it provides, at initial stages, a higher sensitivity to molecular tests also due to the speed with which the images are obtained, and thus reduce the false negative rate. With this benefit, the appropriate isolation measures can be taken as well as applying the appropriate management (Lu et al., 2020).

The purpose of this study is detecting the change in chest CT findings associated with COVID-19 pneumonia from initial diagnosis until patient recovery with the aim of proper recognition of the radiological changes during the course of the disease & determining the proper interval for CT repetition.