

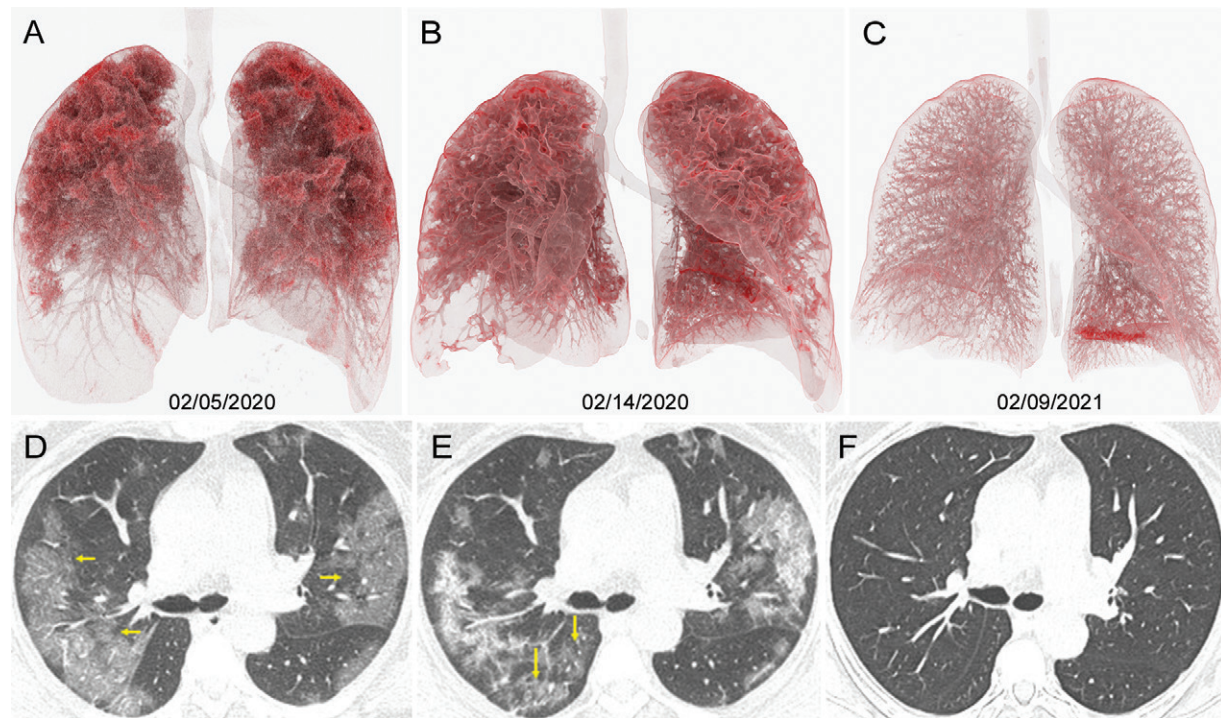
# One-year Follow-up after Severe SARS-CoV-2 Pneumonia

Lei Tang, MD • Xianchun Zeng, MD

From the Department of Radiology, Guizhou Provincial People's Hospital, No. 83 East Zhongshan Rd, Guiyang 550002, China. Received March 5, 2021; revision requested March 16; revision received March 18; accepted March 18. Address correspondence to X.Z. (e-mail: zengxianchun04@foxmail.com).

Conflicts of interest are listed at the end of this article.

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Images in 55-year-old woman diagnosed with severe COVID-19 with oxygen saturation of 73% at presentation. A–C, Cinematic renderings with, D–F, original CT scans help show evolution of her infection. A, D, Admission CT scans show confluent ground-glass opacities in both lungs (arrows in D), primarily distributed in upper lobes. B, E, CT scans 9 days later show progressive disease in lower lobes (arrows in E). C, F, Follow-up CT scans 1 year later show resolution of all previously seen lung findings.

**A** 55-year-old woman presented on February 4, 2020, with chills, fever, and weakness of the extremities and was subsequently diagnosed with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) using nucleic acid testing. Unenhanced chest CT showed diffuse ground-glass opacities in the bilateral lungs, mainly distributed in the upper lungs (Figure, parts A, D). After antiviral (Ritonavir, AbbVie) and antibiotic (Moxifloxacin, Bayer) treatment, the CT scan at day 9 (Figure, part E) showed mild improvement. She was transferred to the local official isolation center for continued treatment for 30 days and was discharged. One year later, the patient reported no specific discomfort, and a repeated chest CT scan showed normal lung parenchyma (Figure, parts C, F).

The long-term sequelae of severe SARS-CoV-2 pneumonia in the lung parenchyma are not known. It is possible

that for some patients, irreversible lung damage occurs with scarring, as is seen after other causes of acute respiratory distress syndrome (1,2). However, as was found here, a return to normal lung density and morphologic condition may also be observed.

**Disclosures of Conflicts of Interest:** L.T. disclosed no relevant relationships. X.Z. disclosed no relevant relationships.

## References

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