Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to Editor in response to Chest CT in COVID-19 patients: Structured vs conventional reporting

Being radiologists at a teaching government hospital with a huge patient load, we read the article "Chest CT in COVID-19 patients: Structured vs conventional reporting" authored by Stanzione et al. with great interest [1]. The article highlights the superior performance of structured reporting in confirmed cases of COVID 19 with higher satisfaction rate of clinicians.

We would, however like to raise few points of discrepancy. The authors have compared the conventional reports (CR) written by radiologists of different competence and experience to the standardized reports (SR) of a single experienced radiologist. The point has also been mentioned as one of the pitfall of the study. However, we believe the results would be significantly different had a single experienced radiologist reported those CRs or those SRs made by random different radiologists who made the CRs. Most of the parameters like accuracy of the reports, comprehensibility, clinical impact, quality, time taken or the satisfaction of the clinicians would have yielded different results.

The structured report used in this survey lays importance to the pattern of disease and the final report goes as typical or atypical COVID findings. In an already diagnosed case of COVID 19, the Fleishner Society advocates the use of CT in cases of worsening disease [2]. In such cases, CT scan can assess the severity of the disease, look for complications and assess the therapeutic response/follow up. It would be worthwhile to separately describe the vascular findings as fairly high incidence of pulmonary thromboembolism has been since associated with COVID-19 pneumonia [3]. Also, mention of other complications like pulmonary edema, pneumothorax, pneumomediastinum, signs of secondary bacterial or fungal infection/sepsis etc can be done. Comparison from previous CT, if any, should be done to evaluate worsening or improving trend. Final report should go typical/atypical COVID with severity scoring with presence /absence of complications followed by worsening or improving trend (depending on the availability of previous CT scan).

We firmly believe that SRs will soon replace the CRs as it has done in other fields like breast, thyroid, prostate etc. Once again, we commend the authors for their work on this popular topic of interest.

Declaration of Competing Interest

The authors report no declarations of interest.

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