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Thromboembolic Complications in COVID-19 Pneumonia

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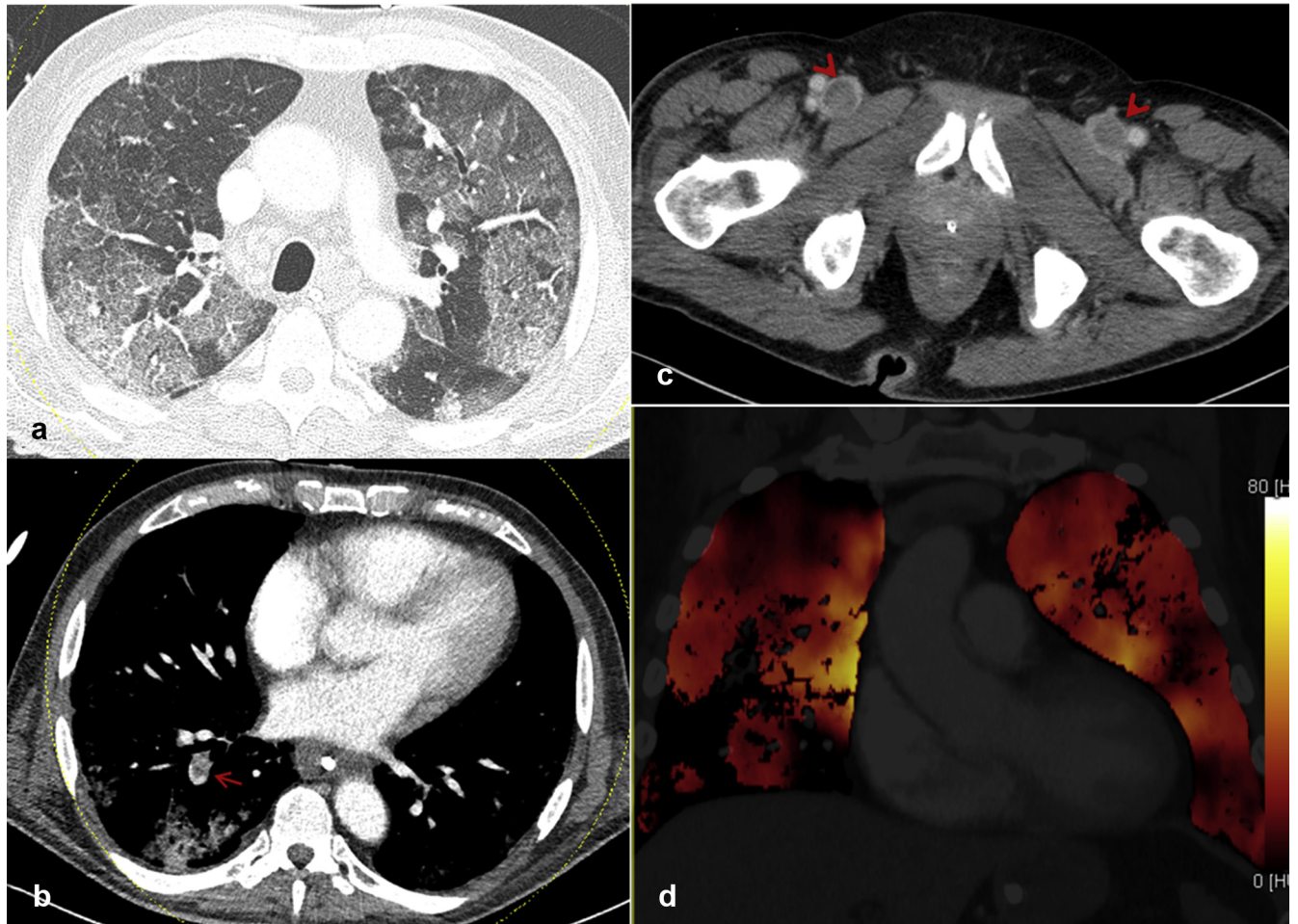


Figure. Axial reconstructions of contrast-enhanced CT with dual-energy technique demonstrate extensive pulmonary opacities in advanced COVID-19 pneumonia (**a**). Furthermore, pulmonary embolism (**b**, arrow) and bilateral deep vein thrombosis (**c**, arrowheads) are present. (**d**) The coronal iodine map derived from the dual-energy data set demonstrates multiple peripheral wedge-shaped perfusion defects.

Contrast-enhanced chest computed tomography (CT) with dual-energy technique in a 69-year-old patient with coronavirus disease 2019 (COVID-19) pneumonia demonstrated ground-glass opacities, crazy paving, and patchy consolidation (**Fig a**). Furthermore, filling defects were seen in segmental arteries of both lower lobes in keeping with pulmonary embolism (**Fig b**, arrow). Bilateral deep vein thrombosis was present (**Fig c**, arrowheads). The iodine map illustrated multiple

peripheral wedge-shaped perfusion defects not only in the lower but also in the upper lobes, suggesting more pronounced embolism than suspected from visible intraluminal filling defects (**Fig d**). This case illustrates the increasing evidence of high risk of thrombotic and embolic events, particularly in advanced stages of COVID-19 pneumonia. On nonenhanced CT scans, thrombotic/embolic complications may remain undetected.

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J Vasc Interv Radiol 2020; 31:1426

<https://doi.org/10.1016/j.jvir.2020.06.006>

Neither of the authors has identified a conflict of interest.