Images in Clinical Tropical Medicine

Peripheral "Swiss Cheese" Appearance in a COVID-19 Patient with Chronic Obstructive Pulmonary Disease

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A 78-year-old Japanese man with a history of right upper lobectomy due to lung abscess was transferred to our emergency department for dyspnea. The patient experienced progressive episodes of exertional dyspnea over a two-year period because of underlying chronic obstructive pulmonary disease (COPD), which was unmanaged. The patient was a former smoker. He smoked 40 cigarettes per day for 28 years. On the day before admission, he experienced a significantly worse episode of dyspnea triggering his decision to visit a local clinic. On arrival, he presented with the following: body temperature, 37.3°C; respiratory rate, 30/minute; and oxygen saturation, 74% (room air). A chest X-ray (Figure 1) revealed bilateral opacities peripherally. Chest computed tomography (CT) (Figure 2) revealed diffuse low attenuation areas and increased concentrations along the



FIGURE 1. Chest X-ray. A chest X-ray revealed bilateral opacities peripherally.

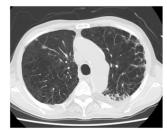




FIGURE 2. Computed tomography (CT) of the lung. Chest CT revealed diffuse low attenuation areas and increased concentrations along the circumference of the emphysema in a peripheral, bilateral, posterior, and lower lung zone distribution.

circumference of the emphysema. Three weeks before admission, his wife was hospitalized because of COVID-19. A reverse transcription-polymerase chain reaction test for SARS-CoV-2 was positive.

Chest CT findings related to COVID-19 typically present with ground-glass opacities with or without consolidation in a peripheral, bilateral, posterior, and diffuse or lower lung zone distribution. Ground-glass opacities have also been reported to have round morphology or a "crazy paving" pattern. However, the combination of COVID-19 pneumonia and advanced structural lung damage caused by COPD can culminate in atypical CT findings such as a peripheral "Swiss cheese" appearance. The peripheral distribution of "Swiss cheese" appearances may denote COVID-19 pneumonia in patients with underlying COPD and could be exploited for use in its diagnosis.

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REFERENCES

- Simpson S et al., 2020. Radiological society of north America expert consensus statement on reporting chest CT findings related to COVID-19. Endorsed by the society of thoracic radiology, the American College of Radiology, and RSNA. J Thorac Imaging doi: 10.1097/RTI.0000000000000524.
- Nambu A, Ozawa K, Kobayashi N, Tago M, 2014. Imaging of community-acquired pneumonia: roles of imaging examinations, imaging diagnosis of specific pathogens and discrimination from noninfectious diseases. World J Radiol 6: 779–793.

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