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Letter to the Editor

Author reply to Letters to the Editor “CT chest findings in coronavirus disease (COVID-19)”

To the Editor,

We would like to thank Lal A. et al. for their great interest in our article “First case of Coronavirus Disease 2019 (COVID-19) pneumonia in Taiwan”¹ and for their thoughtful comments on our work.

We agree with Lal A. et al. that it may be difficult to distinguish the generic imaging findings of COVID-19 from other diseases, such as viral pneumonia, inflammatory lung diseases, and congestive heart failure, if the history of traveling and contact is unclear or there are comorbidities.

Indeed, the infiltrative processes could be seen unilaterally on the chest images, especially at the patient with a brief duration since symptom onset.² Because there were 10 days between our patient’s low-grade subjective fever and her 1st chest X-ray, involvements of bilateral lungs on her images are the same with those cases with longer time between symptom onset and initial computed tomography.²

Although increased size and density of the ground-glass opacities (GGOs) of these patients with progressed disease have been described in other case series,³ more studies are needed to make sure if these findings are related to a worse clinical condition.

As mentioned in our case report, our patient had no underlying disease apart from hypothyroidism with regular medical follow-up. Negative bacterial culture and worsening imaging findings under antibiotic treatment were not compatible with bacterial pneumonia. Influenza A and B were also excluded. She was given intravenous normal saline 500 ml on admission day 1 and less than 100 ml daily on admission day 2–7. Balanced input and output were recorded as well. Daily physical examinations did not detect signs of congestive heart failure.¹ The authors concluded the radiographic findings were not resulted from other etiologies.

Some studies show that extensive GGOs and consolidation are more common on the patients with decreased oxygen saturation or requiring mechanical ventilation when

compared with these cases without respiratory distress.⁴ Moreover, pleural effusion could be seen on the critical case.^{4,5} However, at this point there is no standalone imaging finding which predict if the condition of these patients with initial mild findings will rapidly progress to adult respiratory distress syndrome.

Due to overlapping imaging findings with other diseases and different severity of COVID-19, we appreciate the complement of Lal A. et al. for leading the readers to understand more complete picture of this disease.

Declaration of Competing Interest

The authors have no conflicts of interest relevant to this article.

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Yuan-Chia Chang¹

*Department of Radiology, Taoyuan General Hospital,
Ministry of Health and Welfare, Taoyuan, Taiwan*

Chin-Hua Yang¹

*Department of Radiology, Taoyuan General Hospital,
Ministry of Health and Welfare, Taoyuan, Taiwan*

*Department of Medical Imaging, National Taiwan
University Hospital, Taipei, Taiwan*

*Department of Biomedical Engineering and Environmental
Science, National Tsing Hua University, Hsinchu, Taiwan*

Yu-Chan Chien

*Department of Radiology, Taoyuan General Hospital,
Ministry of Health and Welfare, Taoyuan, Taiwan*

Yuan-Nian Hsu*

*Department of Family Medicine, Taoyuan General Hospital,
Ministry of Health and Welfare, Taoyuan, Taiwan*

*Corresponding author. No. 1492, Zhongshan Rd., Taoyuan
Dist., Taoyuan City, 33004, Taiwan.

E-mail address: kingjen@mail.tygh.gov.tw (Y.-N. Hsu)

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¹ These two authors contributed equally.