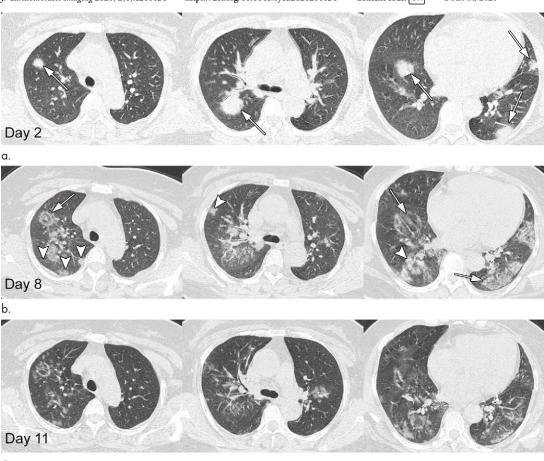
Longitudinal CT Findings in COVID-19 Pneumonia: Case Presenting Organizing Pneumonia Pattern

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

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A 54-year-old woman who presented with fever. (a) Axial thin-section unenhanced CT images showed multifocal nodular opacities with peribronchial and subpleural distribution (arrows) in both lungs on day 2 of symptoms. (b) Follow-up CT on day 8 showed newly developed ground-glass opacities (arrowheads) and decreasing density of the nodular opacities, with reversed halo sign (arrows). (c) Last follow-up CT on day 11, 3 days after initiation of antiviral treatment, showed significantly improvement of the ground-glass opacities.

Athe COVID-19 (formerly known as 2019 novel coronavirus [2019-nCoV]) outbreak (1,2), presented with a 2-day history of fever. The physical examination revealed a temperature of 39.0°C, and laboratory studies showed normal leukocyte with a differential of 82.8% neutrophils, 9.5% lymphocytes, and 0.1% eosinophils. Screening for multiple respiratory pathogens, including influenza A, influenza B, respiratory syncytial virus, adenovirus, human parainfluenza virus, *Mycoplasma pneumoniae*, and *Chlamydia pneumoniae* was negative. At presentation, nonenhanced chest CT showed multifocal nodular opacities in multiple lobes (Fig 1a). After 6 days of supportive treatment, follow-up CT showed decreased density of the opacities and development of ground glass and reversed halo sign (Fig 1b). The initial

nasopharyngeal swab test for the COVID-19 nucleic acids had been negative, but a second test confirmed infection. After 3 days of treatment with oseltamivir, follow-up CT showed significant improvement in the extent and density of the ground-glass opacities (Fig 1c).

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