

Radiographic Appearance and Clinical Outcome Correlates in 26 Patients with Severe Acute Respiratory Syndrome

陳榮邦

Hsieh SC;Chan WP;Chien CW;Lee WS;Yao MS;Choi WM;Chen CY;Yu C

摘要

Abstract

OBJECTIVE. We aimed to evaluate the appearance of chest radiographs in patients with severe acute respiratory syndrome (SARS) and correlate these findings with clinical outcomes.

MATERIALS AND METHODS. We retrospectively reviewed the initial radiograph and a series of follow-up chest radiographs in 26 patients who had symptoms and signs consistent with SARS. Twenty-five patients completed the full course of radiographs in the hospital. The initial radiographic features and the distribution of parenchymal, mediastinal, and pleural abnormalities for each patient were evaluated. Follow-up radiographic findings were correlated with clinical outcomes for these patients.

RESULTS. Initial chest radiographs showed abnormalities in 23 (88%) of 26 subjects. Eighteen patients (69%) had air-space consolidation, two (8%) had ground-glass attenuation, one (4%) had nodules, and two (8%) had mixed consolidation and nodules. Four patients (15%) had pleural effusion. Younger patients and those with normal initial radiographic findings or unifocal lung lesions had better outcomes.

CONCLUSION. The initial predominant radiographic feature of SARS was air-space consolidation in the lateral and lower lung zones. Progressive deterioration to diffuse unilateral or bilateral consolidation in the series of follow-up chest radiographs is associated with a poor prognosis.