

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

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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.

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