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Radiologists 'strongly recommend' bedside ultrasound for COVID-19 pneumonia diagnosis



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Recent radiology literature has focused on the use of chest CT or x-ray to pinpoint COVID-19 pneumonia, but a group of Italian imaging experts is urging for ultrasound as one possible alternative.

Computed tomography is typically used to assess patients' pulmonary damage. However, the modality is not always available in emergency rooms. Lung ultrasound, meanwhile, is strongly recommended for acute respiratory failure and could prove as a useful alternative aid during the COVID-19 outbreak, members of the Department of Emergency Medicine at Ospedale Guglielmo da Saliceto in Piacenza, Italy, wrote Friday in *Radiology*.

In a small analysis of 12 patients with flu-like symptoms and COVID-19 pneumonia, the team discovered "strong correlation" between ultrasound and CT findings.

"We are aware that our data are preliminary and further studies are necessary to confirm the role of lung US in the diagnosis and management of COVID-19 pneumonia," clinical researcher Erika Poggiali, MD, and colleagues wrote in the March 13 letter to the editor. "But we strongly recommend the use of bedside US for the early diagnosis of COVID-19 pneumonia in all the patients who presented to the emergency department with flu-like symptoms in [the] novel COVID-19 era."

Poggiali noted that the correlation between US and CT included bilateral lung involvement with ground-glass opacity. A "crazy-paving pattern" was noted in 5 of 12 patients, while her team confirmed organizing pneumonia in four patients using CT, which was also detected with lung ultrasound. All patients had a diffuse B-pattern with spared areas and none had severe respiratory distress.

The team added that ultrasound is commonly used in the ED to diagnose pneumonia at patients' bedsides. And the technology is considered a "highly sensitive and specific" alternative to chest CT and x-ray.

Guidance released by the American College of Radiology last week suggested that CT should be used sparingly in COVID-19 patients. Radiologist should reserve the modality for hospitalized, symptomatic patients with specific clinical indications for CT, ACR emphasized.

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