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Clinical image

Novel coronavirus pneumonia

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A previously healthy 64-year-old female was admitted to our hospital with a two-day history of high fever, fatigue, and dry cough. She had a history of recent travel from Wuhan, China, the center of an outbreak of 2019 novel coronavirus (2019-nCoV), to Shanghai one day before admission. On physical

examination, she was febrile and tachypneic. Coarse breath sounds in both lungs were heard during inspiration and expiration. Laboratory data showed a white blood cell (WBC) count of $4.6 \times 10^9/L$ with 87.4% neutrophils and 10.0% lymphocytes. Inflammatory marker levels were elevated with erythrocyte

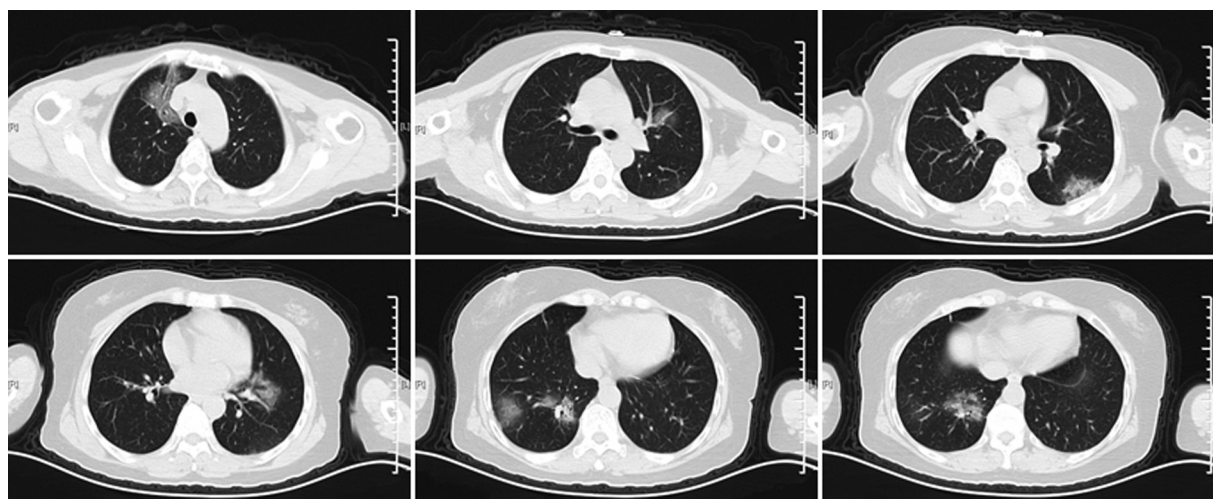


Fig. 1 – Computed tomography (CT) scan of the chest showing bilateral multifocal ground-glass opacities on day 2 after the onset of illness.

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sedimentation rate (ESR) of 67 mm/h and C-reactive protein (CRP) of 57.7 mg/L. A computed tomography (CT) scan of the chest showed multiple ground-glass opacities in both lungs (Fig. 1). Real-time reverse transcription-polymerase (RT-PCR) chain reaction assay of the specimen collected from the patient's throat was positive for the 2019-nCoV nucleic acid. Subsequently, the patient was transferred to Shanghai Public Health Clinical Center (SHPHCC), the designated hospital, for further treatment. She had a satisfactory response to the medical treatment and was discharged upon recovery two weeks after the onset of illness.

The common symptoms at onset of novel coronavirus pneumonia (NCP) are fever, fatigue, dry cough, myalgia, and dyspnea.¹ However, a significant part of NCP patients initially present with diarrhea and nausea prior to the development of fever and dyspnea.¹ The typical findings of chest CT scans include bilateral ground-glass and consolidative opacities.¹⁻⁴ Additional features, such as nodular, reticular, peripheral opacities and crazy-paving patterns may be helpful in early diagnosis.⁴ Importantly, early diagnosis is beneficial to the patients and the public health surveillance and response systems.

Conflicts of interest

The authors declare no conflicts of interest.

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