

Answer to Medical Quiz: Image 1

Answer 1. a) Extensive ground glass opacities (GGO) in all zones of right lung field as well as lingual and basal region of left lung. b) Interstitial thickening and fibrotic changes are seen on both lungs.

Answer 2. COVID pneumonia.

Answer 3. COVID pneumonitis, interstitial pneumonia, pulmonary tuberculosis.

Answer 4. RT-PCR for COVID, CBC, CRP, Procalcitonin, D-dimer.

Review

Since December 2019, corona virus disease 2019 (COVID-19) emerged in Wuhan city and rapidly spread throughout China. It was declared pandemic on March of 2020. Presentations of COVID-19 have ranged from asymptomatic through mild symptoms to severe illness and mortality.¹

The main chest CT feature of COVID-19 pneumonia is the ground glass opacities (GGO), typically with a peripheral and sub-pleural distribution. The involvement of multiple lobes, particularly the lower lobes is reported in the majority of patients with COVID-19.² Pleural effusion, pleural thickening, and lymphadenopathy have also been reported, although with less frequency.³⁻⁵ One major differential is community-acquired pneumonia which is characterized by an airspace consolidation in

one segment or lobe; CT may additionally show ground glass attenuation and bronchial wall thickening.⁵ Pulmonary edema is a very common cause of diffuse GGO, but is characterized by a central predominance.⁶

References

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Answer to Medical Quiz: Image 2

Answer 1. Oesophageal malignancy with metastasis to left supra-clavicular lymph node.

Answer 2. Systemic examinations, specially for epigastric (stomach) mass.

Answer 3. Habit of betel leaf and nut chewing/smoking/alcoholism, history of caustic/corrosive ingestion, reflux oesophagitis/Barrett's oesophagus.

Answer 4. COVID-19 infection should be excluded before doing upper GI endoscopy.

Review

Oesophageal malignancies are one of the notorious malignancies, those present late and in advanced stages. Males are the common sufferers, usually present in 6th to 7th decades of life.^{1,2} Patients may have preceding or ongoing history of smoking, alcoholism, gastro-oesophageal reflux disorders, Barrett's oesophagus, corrosive ingestion etc.^{1,2} Presentation is usually short and dramatic with anorexia, dysphagia and weight loss.² Occasionally fistula formation may occur through the respiratory tract and such patients may present with

cough during food intake and recurrent pneumonia. Endoscopic visualization of tumour, biopsy taking and stenting may be done. Surgery remains an option in selected (early) cases and has a better prognosis.¹ Endoscopic laser therapy and chemo-radiotherapy remain alternative treatment modalities; but the overall prognosis is poor. Many patients die within 2 to 3 years of diagnosis.

References

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