

Evidence Discussion (CH 13.2)

Coronavirus Disease 2019 (COVID-19)

Chest imaging is not routinely indicated as a screening test for COVID-19 in asymptomatic people or in people with suspected COVID-19 and mild clinical features unless they are at risk for disease progression.¹

The American College of Radiology (ACR) states that CT chest should not be used as a screen or first-line test to diagnose COVID-19.³ Viral testing is the only specific method of diagnosis and confirmation with a viral test is required even if radiologic findings on chest radiography (CR) or CT are suggestive of COVID-19.

Imaging is indicated in people with COVID-19 and a worsening respiratory status or in people who have suspected COVID-19, a high pretest probability of disease, and moderate to severe clinical features.¹ Although less sensitive than CT, chest radiography (CR) is typically the first line imaging modality.^{1,4,5}

Johnston et al have proposed a management algorithm for patients with COVID-19 pneumonia which recommends a clinical assessment with CR and PFT's 3-6 months after discharge.¹⁰ Performance of a high resolution CT chest (HRCT) is based on risk factors (ICU admission, noninvasive or mechanical ventilation; male sex; age>60) and serial assessment of lung function and symptoms.

There is an increased risk of pulmonary embolus (PE) in people with COVID-19, including both microvascular/ in situ thrombosis and macrothrombotic events.¹² It is currently recommended that the same diagnostic strategy and the same D-dimer threshold be used for people with COVID-19 and suspected PE as in those without COVID-19.^{12,13}

References

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