

COVID-19 VE TORAKS RADYOLOJİSİ BULGULARI

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GİRİŞ

Koronavirüs hastalığı (COVID-19), şiddetli akut solunum sendromu koronavirüs 2'nin (SARS-CoV-2) neden olduğu bulaşıcı bir hastalıktır. COVID-19 ilk olarak Aralık 2019'da Çin'in Wuhan kentinde bildirildikten sonra hastalık hızla tüm dünyaya yayılmıştır ve 12 Mart 2020'de Dünya Sağlık Örgütü (WHO) tarafından pandemi ilan edilmiştir[1].

COVID-19 enfeksiyonu olanların önemli bir kısmı asemptomatik kalabilir (%40-50) veya nispeten hafif semptomlar gösterebilir (%40) [2]. Hastalığın en önemli klinik semptomları ateş, öksürük, baş ve boğaz ağrısı ile nefes darlığı olmakla birlikte ishal, tat ve koku duyu bozuklukları gibi semptomlar da görülebilir. Ancak tüm bu semptomların hastalığa spesifik olmaması ve hastalığın hızla ağır pnömoniye ilerleyebilmesi, böbrek yetmezliği, vasküler tromboz, iskemik solunum sıkıntısı ve gastrointestinal semptomları

içeren çoklu organ tutulumuna neden olabildiği için hızlı tanı testleri gerekmektedir[3]. COVID-19 tanısında viral nükleik asitlere yönelik yapılan reverse transkriptaz polimeraz zincir reaksiyonu (RT-PCR) testi altın standart olsa da yanlış negatif sonuç verebilmesi nedeniyle tanıda radyolojik görüntüleme ve özellikle bilgisayarlı tomografi (BT) giderek daha önemli hale gelmiştir[4]. Yapılan çalışmalar BT'nin duyarlılığının %60-98 arasında olduğunu göstermiştir[5,6]. Bu oran RT-PCR (%60-70) ile karşılaştırıldığında oldukça yüksektir ancak özgüllüğü (%25-53) düşüktür. COVID-19 için göğüs BT'nin pozitif ve negatif prediktif değeri sırasıyla %92 ve %42 olarak tahmin edilmektedir. Nispeten düşük negatif prediktif değer, BT'nin hastalığın erken evrelerinde COVID-19 için bir tarama testi olarak değerini azaltmaktadır[7]. Ayrıca iyonizan radyasyon içermesi nedeniyle BT, bir tarama yönteminden ziyade RT-PCR negatif olan ancak klinik olarak arada kalınan hastalarda sorun çözücü yöntem olarak kullanılmalıdır[8].

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sıklıkla eşlik eden konsolidasyonlar ile seyretmektedir[56,58]. Yine de, bu bulgular spesifik olmadığı ve viral pnömoninin diğer nedenleri ile önemli ölçüde örtüştüğü için, tanı testleri negatif olan hastalarda alternatif tanılarının dikkate alınması gerekir. Pulmoner manyetik rezonans görüntülemesi (MRG); tipik olarak şüpheli alt solunum yolu enfeksiyonlarının araştırılmasında birinci basamak modaliteler arasında düşünülmesi de, iyonizan radyasyona aşırı veya tekrarlayan maruziyetten kaçınılması gereken hasta grupları için geçerli bir alternatif olabilir.

Klinisyenler ve radyologlar, çeşitli nedenlerden ötürü COVID-19 hastalarında BT bulgularına aşına olmalıdır çünkü başka endikasyonlar için yapılan görüntülemelerde de hastalığa rastlanabilir[62,63].

Akılda kalması gerekenler

- Göğüs radyografisi erken evre COVID-19 enfeksiyonunda sıklıkla herhangi bir anormallik göstermez.
- COVID-19 için BT'nin duyarlılığı %60-98 arasındadır. Bu oran RT-PCR (% 60-70) ile karşılaştırıldığında oldukça yüksektir ancak özgüllüğü (%25-53) düşüktür.
- Bilgisayarlı tomografi, hastalığın erken bulgularının yanı sıra göğüs radyografisinde belirsiz olmayabilecek değişiklikleri tespit etmede hassastır.
- COVID-19'un ayırt edici özelliği, subplevral alanlarda ve bronkovasküler demetler boyunca ağırlıklı olarak periferik dağılım gösteren, konsolidatif lezyonlar halinde birleşebilen yamalı buzlu cam opasitelerinin bilateral varlığıdır.
- COVID-19'da pulmoner lezyonların ağırlıklı olarak akciğerin subplevral bölgelerinde ortaya çıkması sonografik görüntülemeyi kolaylaştırmaktadır.
- Göğüs BT'sinde adenovirüs pnömonisi, düzensiz konsolidasyonlu bilateral multifokal BCO'lar gösterir ve lobar veya segmental dağılım gösterebilir.

- Parainfluenza virüsü pnömonisinde, bronşiyal duvar kalınlaşmasına sahip sentrilobüler nodüllerin varlığı, diğer viral pnömonilerden ayırımına yardımcı olabilir.

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