

Different manifestations of COVID-19 pneumonia in a child: focal crazy paving sign on chest and three-dimensional computed tomography

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A 5-year-old girl presented to the emergency room with complaints of a dry cough for 4 days. Her mother was hospitalised with COVID-19 pneumonia. The child's temperature was 38.3°C. Laboratory tests revealed an increased C-reactive protein level (63.2 mg/litre). Chest computed tomography and three-dimensional volume-rendering computed tomography images demonstrated peripheral patchy ground-glass opacities, and the focal crazy paving sign was observed in the left lingular segment in the paracardiac area (**Figures 1a** and **b**). A nasopharyngeal swab was positive for COVID-19.

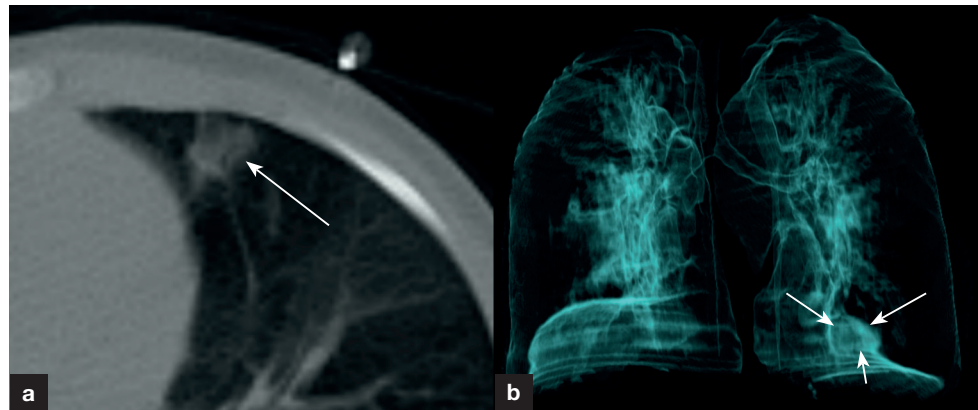


Figure 1. a. Axial and (b) three-dimensional volume-rendering (OsiriX MD software, Pixmeo, Switzerland) chest computed tomography image revealed focal crazy paving sign in the left lung lingular segment (arrows).

Low-dose computed tomography imaging is indicated for medical triage of patients with suspected COVID-19 who present with moderate–severe clinical features (Rubin et al, 2020). Bilateral peripherally distributed ground-glass opacities and patchy consolidations with lower lobe predominance were common findings in children (Duan et al, 2020). The computed tomography findings of this case differ from those of children with COVID-19 in the literature with the focal crazy paving sign, which has rarely been reported in children (Duan et al, 2020; Li et al, 2020; Xia et al, 2020). Radiologists should be aware of this when reporting computed tomography scans from children with possible COVID-19.

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