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Monitoring organising pneumonia pattern in CT among mild COVID-19: unclear clinical utility

To The Editor

We read with interest the recent article published by Raoufi et al. [1] regarding the computed tomography (CT) finding of organising pneumonia (OP) in COVID-19. The article suggests that presence of OP is associated with poor outcome. However, the CT has been performed in mild COVID-19 patients and there are a few points to ponder:

OP pattern in CT has been defined and characteristically found in post COVID-19 patients, especially in patients recovered from acute respiratory distress syndrome (ARDS) [2]. The presence of OP pattern in early COVID-19 which are diagnosed as mild is uncommon. The usual CT findings in early COVID-19 are peripheral ground glass opacities (GGO) [3] which may progress to develop superimposed interlobular septal thickening and intralobular lines (commonly called as crazy paving pattern). Even in the Figure 1 of the article by Raoufi et al. [1], the CT has GGO with crazy paving pattern. In fact, the follow up CT is more suggestive of OP pattern which has been done two weeks after the disease onset.

CT chest has been one of the most overused investigations in COVID-19, that too repeatedly due to fear of worsening. Various national guidelines clearly state that CT severity scores have poor clinical correlation and CT Chest should only be used for clinical diagnosis if microbiological testing is not available or delayed; to look for super-added infection, pneumothorax, pulmonary thrombo-embolism. CT chest should

not be used to guide treatment in asymptomatic COVID-19, to assess response to treatment and to monitor [4]. Rather, clinical monitoring with record of saturation of oxygen, respiratory rate and breathlessness are better indicators to guide therapy.

In a patient of mild COVID-19, getting a CT chest does not contribute to treatment decisions. Following pulmonary opacities in COVID-19 may be valid for epidemiological purpose to understand the disease, however, should not be recommended for the population at large. Thus, the conclusion by Raoufi et al. [1] could have been to follow up the patient clinically, holistically and consider for a follow-up CT if still having persistent symptoms. Clinically recovered patients must be encouraged for healthy diet, rehabilitation and routine rather than focussing on the persistence or disappearance of pulmonary opacities.

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