

## Image in Medicine

### Quiz 1

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#### Answers:

(1) **C O V I D - 1 9** pneumonia typically presents with ground glass opacities (Fig 1), which can be associated with reticular opacities / septal thickening, giving rise to “crazy-paving pattern”(Fig. 2). It can also present as

ground glass halo around consolidation (Fig. 3a) or ground glass in the centre with rim of consolidation (“atoll sign”) (Fig. 3b). Mixed pattern (Fig. 4) can also be seen which is a combination of consolidation (Fig. 5), ground glass and reticular opacities with or without architectural distortion. Subpleural band like opacities (Fig. 6) are often seen later in the course of disease, giving an appearance of an organising pneumonia pattern. Prominent proximal (Fig.1- yellow arrow) or intra-lesional dilated vessels (Fig. 1- green arrow) in the areas of ground glass opacities is a sign that helps to differentiate COVID-19 from other conditions.

(2) **CO-RADS** is a standardized reporting system, used in most CT scan reports to communicate the level of suspicion of COVID-19 infection, based on the CT findings. CO-RADS 1 - Unlikely, CO-RADS 2 - Low, CO-RADS 3 - Indeterminate, CO-RADS 4 –High suspicion, CO-RADS 5 – Classic findings.

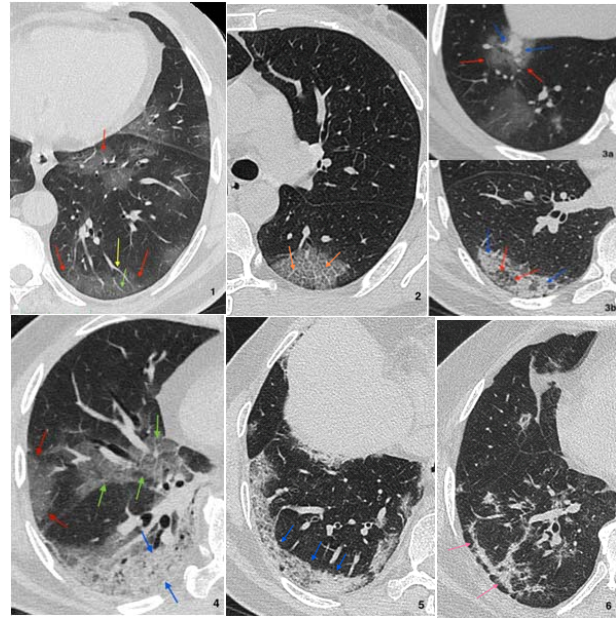
(3) The severity of lung involvement on CT scan is

#### Questions :

(1) What are the CT chest patterns seen in COVID-19 pneumonia ?

(2) What is CORADS?

(3) What is CT chest severity score?



scored as percentage of each of the five lobes that are involved. [< 5% involvement - 1 / 5%-25% involvement - 2 / 26%-49% involvement - 3 / 50%-75% involvement - 4 / >75% involvement. – 5]. The total CT score is the sum of the individual lobar scores.

### Quiz 2

#### Questions:

- (1) What is the diagnosis?
- (2) What are the common locations of the lesion?
- (3) What is the treatment of choice?



A 31year old man presented with severe back pain, relieved by salicylates.

#### Answers:

(1) **Osteoid osteoma** — Well defined cortical based lesion showing a small osteolytic / lucent nidus (red arrow) with surrounding sclerotic reaction (green arrow) is seen involving the right lateral margin of D12 vertebral body. A central region of mineralisation (yellow arrow) is seen within the nidus.

(2) **Osteoid osteomas** commonly occur in long tubular bones (femur – especially neck, mid tibial diaphysis), phalanges and vertebrae.

(3) **CT guided radiofrequency ablation (RFA)** is a safe, effective and method of choice treatment of osteoid osteoma (Fig C).

Picture This by Jankharia,  
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