Incidental detection of COVID-19 associated pneumonia by thyroid scintigraphy

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[Received 14 II 2021; Accepted 15 III 2021]

Abstract

This report presents a case of a 49-year-old woman with complaint of sore throat and front neck pain, who referred to a hospital for thyroid scan due to suppressed TSH level (0.005 mU/L). Diffuse and bilateral lungs uptake in the scan was noticed incidentally. The patient had positive history of covid-19 symptoms. Multifocal and bilateral ground-glass opacities (GGOs) in both lungs were compatible with typical features of lung involvement in COVID-19-associated pneumonia.

KEY words: COVID-19; pneumonia; thyroid scintigraphy

A 49-year-old female was presented with complaints of sore throat and front neck pain for 1 month. She referred to the nuclear medicine department to perform a thyroid scan. The thyroid gland was tender on physical examination. Also, the laboratory assay showed suppressed TSH level (0.005 mU/L). 15 minutes after Intravenous injection of 185 MBq [99mTc] pertechnetate, an anterior planar image of the neck was obtained. The scan revealed diffusely decreased radiotracer uptake throughout the thyroid with poor delineation of the thyroid gland which was suggestive of subacute thyroiditis (Fig. 1). Moreover, significant, diffuse and bilateral [99mTc] uptake in both lungs is noted.

Figure 1. [99mTc] pertechnetate thyroid scan. Anterior planar image of the neck revealed diffusely decreased radiotracer uptake throughout the thyroid with poor delineation of the thyroid gland and decreased thyroid to background ratio. Also, significant, diffuse and bilateral uptake in both lungs is noted.

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Conflict of interest

The authors declare that they do not have any conflict of interest.

References


Figure 2. Transaxial chest HRCT scan showed bilateral and multifocal patchy ground-glass opacities (GGOs), (more in the right lung), predominantly located in the peripheral of the chest.