## Differential diagnosis of the complicated course of COVID-19 pneumonias and infectious lung destruction

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Conflict of interest: none

**BACKGROUND.** At present radiological criteria for diagnosis of viral pneumonia associated with SARS-CoV-2 have been defined. However, with the further course of the pandemic, physicians began to observe more and more often destructive processes developing in the lungs of patients with non-hospital pneumonia of viral etiology (COVID-19). Due to the development of surgical complications (pneumothorax, pneumomediastinum, vanishing lung syndrome) the question of their differential diagnostics with purulent-destructive lung diseases became actual.

**OBJECTIVE.** To show the possibilities of differential diagnostics of infectious lung destruction (ILD) with cyst-like changes in the lungs at COVID-19 using clinical examples and data of computed tomography (CT) scan of the chest and pathomorphological study.

**MATERIALS AND METHODS.** CT of the patients with ILD (lung abscess) and 90 patients with non-hospital pneumonia of viral etiology (COVID-19), who were treated in the National Institute of Phthisiology and Pulmonology named after F.G. Yanovsky of the NAMS of Ukraine were analyzed.

DOI: 10.32902/2663-0338-2022-3-26-34

**RESULTS AND DISCUSSION.** There were analyzed 90 CT scans of the whole body of patients with non-hospital pneumonia of viral etiology (COVID-19); among them 27 cases (15 male and 12 female, aged from 23 to 78 years) with radiological signs of vanishing lung syndrome were revealed, which made 30 % of all patients with a complicated course of the disease. Chest CT findings and pathomorphologic findings in cyst-like changes in patients with COVID-19 were compared with those in patients treated for lung abscess. **CONCLUSIONS.** Clinical picture, pathogenesis and pathomorphological changes of pulmonary parenchyma at ILD differ greatly from non-hospital pneumonia of viral etiology (COVID-19) and form specific changes, which are revealed by chest CT. Necessary development of indications for surgical treatment in vanishing lung syndrome which occurs in patients with

**KEY WORDS:** COVID-19, computed tomography, vanishing lung syndrome, infectious lung destruction, abscess, pathomorphology.

complicated course of COVID-19.