LETTERS

Lung ultrasonography in a woman with COVID-19: This examination could be remote

We applaud the efforts of Thomas and colleagues, in recognizing the utility of lung ultrasonography as a valuable tool in the workup of patients with suspected coronavirus disease 2019 (COVID-19). They reported multifocal B-lines, pleural thickening and subpleural consolidation, similar to the findings of Peng and colleagues, who reported that lung ultrasonography gave similar results to computed tomography of the chest but with markedly simplified logistics. Both examinations may show findings even before polymerase chain reaction (PCR) results.

We want to also stress the logistical attributes of lung ultrasonography that include ease of performance and remote interpretation using telemedicine. Frontline health care providers are increasingly acquiring COVID-19, and there are worldwide concerns regarding inadequate personal protective equipment. Remote telementored ultrasonography (RTMUS) is just one format of telemedical communication, but it provides a wealth of anatomic and physiologic information that can be

remotely interpreted from anywhere in the world with Internet connectivity.

We previously showed that lung ultrasonography can be performed accurately with economical mobile equipment by nonphysicians who are guided remotely,3,4 a paradigm largely started to support space medicine.⁵ In addition to augmenting diagnosis, we also suggest that RTMUS might help ongoing screening at home for self-isolating adults at risk of or with selflimited COVID-19. We propose that a family member or the patient could be guided to examine their lung fields as an early warning of COVID-19 progression, allowing earlier rescue to a higher level of assessment for those patients who deteriorate during home isolation.

Andrew W. Kirkpatrick MD MHSc

Acute Care, Trauma, and General Surgery and Critical Care Medicine, TeleMentored Ultrasound Supported Medical Interventions (TMUSMI) Research Group, University of Calgary, Calgary, Alta.

Jessica L. McKee MSc

Project manager, TeleMentored Ultrasound Supported Medical Interventions (TMUSMI) Group, University of Calgary, Calgary, Alta. ■ Cite as: *CMAJ* 2020 April 20;192:E435. doi: 10.1503/cmaj.75302

References

- Thomas A, Haljan G, Mitra A. Lung ultrasound findings in a 64-year-old woman with COVID-19. CMAJ 2020;192:E399.
- Peng QY, Wang XT, Zhang LN; Chinese Critical Care Ultrasound Study Group (CCUSG). Findings of lung ultrasonography of novel corona virus pneumonia during the 2019–2020 epidemic. *Intensive Care Med* 2020 Mar. 12. doi:10.1007/s00134-020-05996-6. [Epub ahead of print]
- McBeth PB, Crawford I, Blaivas M, et al. Simple, almost anywhere, with almost anyone: remote low-cost telementored resuscitative lung ultrasound. J Trauma 2011;71:1528-35.
- McBeth P, Crawford I, Tiruta C, et al. Help is in your pocket: the potential accuracy of smartphone- and laptop-based remotely guided resuscitative telesonography. *Telemed J E Health* 2013:19:924-30.
- Sargsyan AE, Hamilton DR, Jones JA, et al. FAST at MACH 20: clinical ultrasound aboard the International Space Station. J Trauma 2005; 58:35-9.

Competing interests: Andrew Kirkpatrick is the principal investigator of the COOL trial (https://clinicaltrials.gov/ct2/show/NCT03163095), with partial unrestricted funding from Acelity. He has also consulted for Innovative Trauma Care and SAM Medical Products. Jessica McKee is the Research Director of Innovative Trauma Care and has consulted for Aceso, SAM Medical Products and Acelity. Andrew Kirkpatrick and Jessica McKee also disclose a personal relationship.