

Supplementary files

Computed tomography scan findings in COVID-19 patients: a systematic review and meta-analysis

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Citation

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Review question

What is the prevalence of positive Computed tomography (CT) scans in Coronavirus Disease 2019 (COVID-19) patients?

What is the prevalence of bilateral involvement in CT scan of patients with COVID-19 pneumonia?

What is of prevalence of ground glass opacity (GGO) pattern, mixed (GGO plus consolidation or reticular) pattern, consolidation pattern, of reticular pattern, presence of nodule pattern and crazy paving pattern in CT scan of patients with COVID-19 pneumonia?

What is of prevalence of thickened intralobular septa, thickening of the adjacent pleura and bronchial wall thickening in CT scan of patients with COVID-19 pneumonia?

What is the prevalence of fibrous stripes, cystic changes, lymphadenopathy, and bronchiolectasis in CT scan of patients with COVID-19 pneumonia?

What is the prevalence of air bronchogram sign in CT scan of patients with COVID-19 pneumonia?

What is the prevalence of vascular enlargement in CT scan of patients with COVID-19 pneumonia?

What is the prevalence of peripheral, central and both (peripheral and central) lung involvement in CT scan of patients with COVID-19 pneumonia?

What is the prevalence of number (single, two, three, four and five) lung involvement in CT scan of patients with COVID-19 pneumonia?

What is the prevalence of any lobes (right upper lobe, right middle lobe, right lower lobe, left upper lobe, left lower lobe) involvement in CT scan of patients with COVID-19 pneumonia?

Sensitivity analysis of the prevalence of each CT scan findings in patients with COVID-19 pneumonia?

?How is the publication bias in the studies?

What is the result of risk of bias assessment?(based on Cochrane tools)?

Searches

We will searched the Web of Science (ISI), Ovid, ScienceDirect, Scopus, EMBASE, PubMed/MEDLINE, Cochrane Library (Cochrane Database of Systematic Reviews - CDSR), EBSCO, CINAHL databases using the following keywords: "2019 nCoV", "Novel coronavirus", "COVID-19", "Novel coronavirus 2019", "Wuhan pneumonia", "Wuhan coronavirus", "acute respiratory infection", "COVID-19", and "SARS-CoV-2", "CT scan", "Computed tomography", "Radiology", "Radiography", "Clinical Characteristics", "clinical features", and "COVID-19". An example of a combined search within PubMed is as follows: ("2019 nCoV", OR "Novel coronavirus", OR "COVID-19", OR "Novel coronavirus 2019", OR "Wuhan pneumonia", OR "Wuhan coronavirus", OR "acute respiratory infection", OR "COVID-19", OR "SARS-

CoV-2”) AND (“CT scan” OR “Computed tomography” OR “Radiology” OR “Radiography” OR “Clinical characteristics” OR “clinical features” OR “COVID-19”).

The search will be conducted on April 5, 2020, studies from January 1, 2020 until April 5, 2020 without language restrictions. . Additional studies will be identified by reviewing the reference lists of relevant articles. No language restrictions will be applied. Since the present study was based on a regular review of previous studies, approval of the organizational review board and patient satisfaction was not necessary. The research received no specific funding. Grey literature will be found at medrxiv (<https://www.medrxiv.org/>) and manual search of related articles will be also conducted.

Types of study to be included

Observational studies

Condition or domain being studied

Inclusion criteria were all cross-sectional epidemiological studies aimed at examining CT scan findings in COVID-19 patients from January 1, 2020 until April 5, 2020 without language restrictions.

Participants/population

All epidemiological studies aimed at examining CT scan findings in patients with COVID-19

Intervention(s), exposure(s)

Diagnostic intervention for COVID-19 other than laboratory nucleic acid or PCR confirmation and CT scans findings have been verified by at least one radiology expert

Comparator(s)/control

Not applicable

Context

Main outcome(s)

Computed tomography scan findings in COVID-19 patients

* Measures of effect

CT scans findings have been verified by at least one radiology expert

Additional outcome(s)

The prevalence of positive CT scans in COVID-19 patients.

The prevalence of bilateral involvement in CT scan of patients with COVID-19 pneumonia.

What is of prevalence of ground glass opacity (GGO) pattern, mixed (GGO plus consolidation or reticular) pattern, consolidation pattern, of reticular pattern, presence of nodule pattern and crazy paving pattern in CT scan of patients with COVID-19 pneumonia.

What is of prevalence of thickened intralobular septa, thickening of the adjacent pleura and bronchial wall thickening in CT scan of patients with COVID-19 pneumonia.

The prevalence of fibrous stripes, cystic changes, lymphadenopathy, and bronchiolectasis in CT scan of patients with COVID-19 pneumonia.

The prevalence of air bronchogram sign in CT scan of patients with COVID-19 pneumonia.

The prevalence of vascular enlargement in CT scan of patients with COVID-19 pneumonia.

The prevalence of peripheral, central and both (peripheral and central) lung involvement in CT scan of patients with COVID-19 pneumonia.

The prevalence of number (single, two, three, four and five) lung involvement in CT scan of patients with COVID-19 pneumonia.

The prevalence of any lobes (right upper lobe, right middle lobe, right lower lobe, left upper lobe, left lower lobe) involvement in CT scan of patients with COVID-19 pneumonia.

Sensitivity analysis of the prevalence of each CT scan findings in patients with COVID-19 pneumonia.

* Measures of effect

Not applicable

Data extraction (selection and coding)

Two authors independently presented the results of the initial search with the title and abstract. At this stage, duplicate and unrelated studies will be excluded. Duplicate studies will be identified manually or using EndNote X9. Both authors then reviewed the full text of appropriate articles for the inclusion and exclusion criteria. Finally, the authors independently extracted the data from the articles. Any discrepancies between the data extractors will be resolved by consensus or by a third author. It should be noted that when an article reported duplicate information from the same patients, both reports will be combined to obtain the most complete data, but will be considered as one case.

Data summary form includes the following items: First author's name and year of publication, country and province, article references, study design, mean age and standard deviation, average duration from onset of symptoms until admission, time of performing CT scan, COVID-19 detection method, patient description, sample (respiratory secretions, blood, etc.), sample location (nasal, pharyngeal, etc.), number of patients (total, male and female), number of patients referred to the ICU, quality of articles, positive CT scan in COVID-19 patients, number of positive CT scan findings in COVID-19 patients available in the studies.

Risk of bias (quality) assessment

Based on the type of studies, the adapted Newcastle–Ottawa Scale (NOS) will be used to evaluate the quality of studies. Three categories were defined: studies with scores less than 6 were low quality studies, studies with scores 6 or 7 were medium quality, and studies with scores 8 or 9 were high quality studies.

Strategy for data synthesis

I^2 index (with values ranging from 0 to 100%) will be used to evaluate the heterogeneity between studies; values above 75% indicate high heterogeneity, 50-74% indicate significant heterogeneity, 25-49% indicate moderate heterogeneity, and values below 25% indicate low heterogeneity (52, 53). In addition, $P < 0.1$ will be also defined for heterogeneity. Meta-analysis will be performed with at least three studies. In case of low heterogeneity, the fixed effects model and otherwise, the random effects model will be used to combine the studies. Results will be reported as pooled prevalence and 95% CI. Sensitivity analysis for meta-analyses with at least five studies will be performed by omitting one study at a time to evaluate the consistency of the results. Funnel plots and the Begger's and Egger's test will be used to evaluate publication bias. All analyses will be performed using Comprehensive Meta-Analysis (CMA). P-values less than 0.05 will be considered statistically significant.

Analysis of subgroups or subsets

To find the cause of heterogeneity, we perform subgroup analysis or meta-regression.

Contact details for further information

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Organisational affiliation of the review

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Review team members and their organisational affiliations

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Dr Mohammad Karimian. Ilam University of Medical Sciences

Type and method of review

Meta-analysis, Systematic review

Anticipated or actual start date

03 April 2020

Anticipated completion date

15 April 2021

Funding sources/sponsors

None

Conflicts of interest

Language

English

Country

Iran

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

COVID-19; Humans; Tomography, X-Ray Computed; severe acute respiratory syndrome coronavirus 2

Date of registration in PROSPERO

07 April 2020

Date of publication of this version

07 April 2020

Details of any existing review of the same topic by the same authors

Stage of review at time of this submission

The review has not started

Stage	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

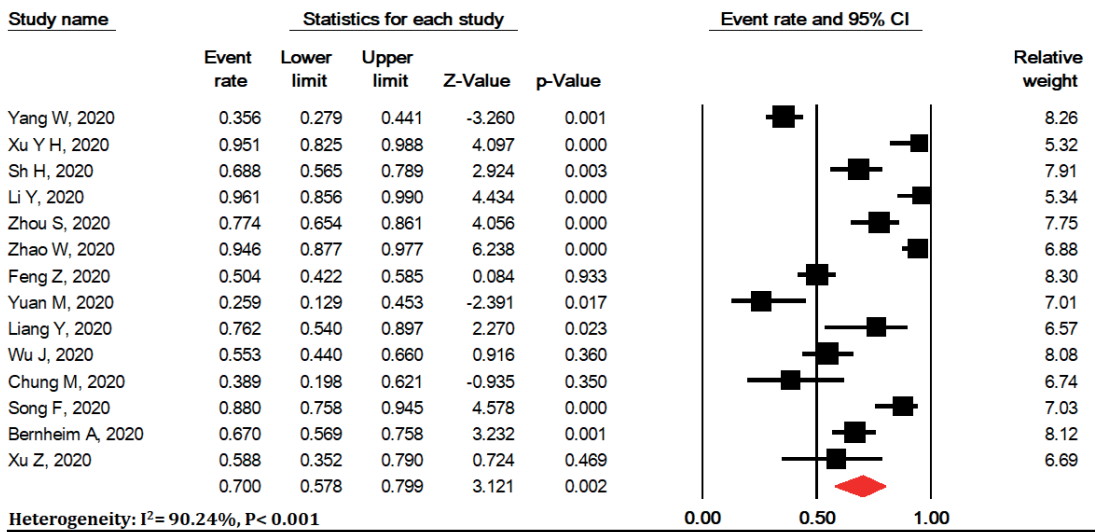
Versions

07 April 2020

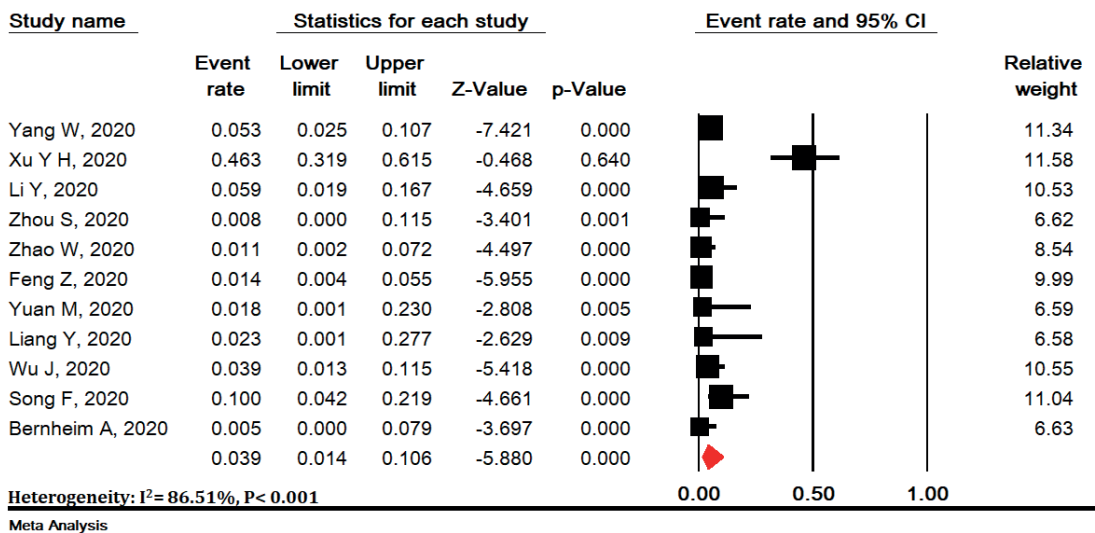
PROSPERO

This information has been provided by the named contact for this review. CRD has accepted this information in good faith and registered the review in PROSPERO. The registrant confirms that the information supplied for this submission is accurate and complete. CRD bears no responsibility or liability for the content of this registration record, any associated files or external websites.

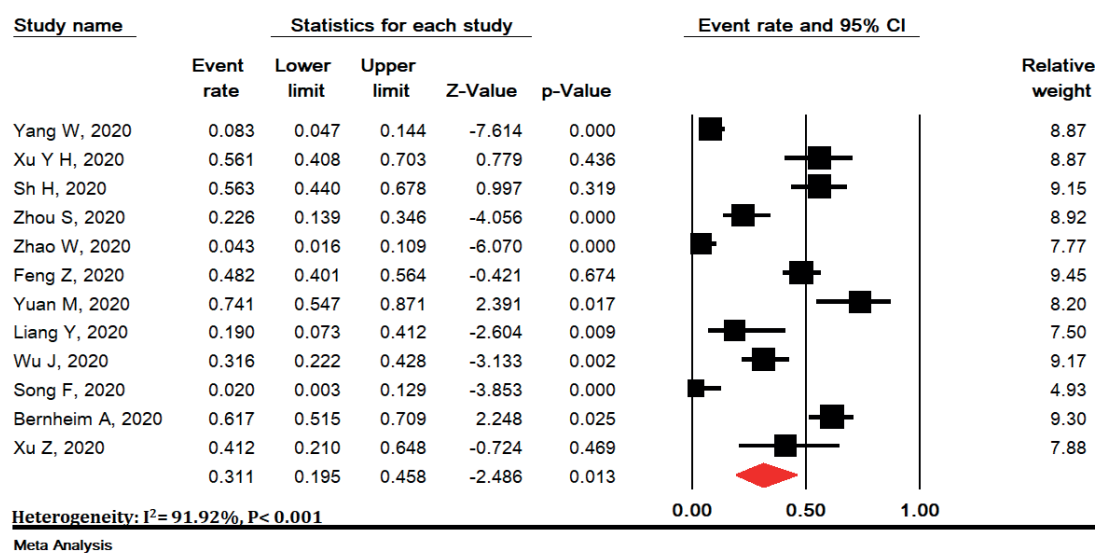
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B

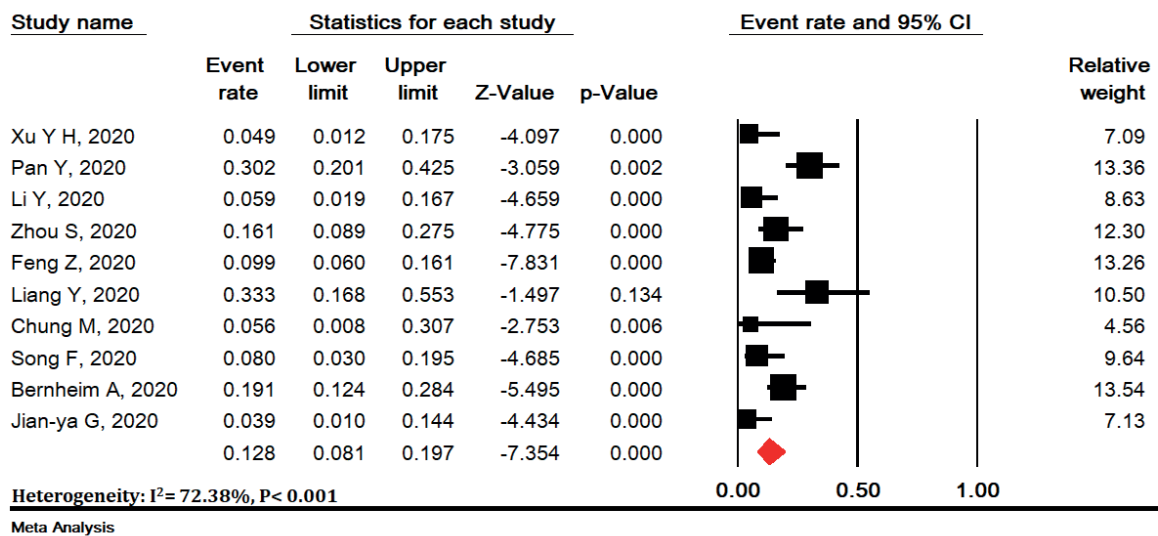


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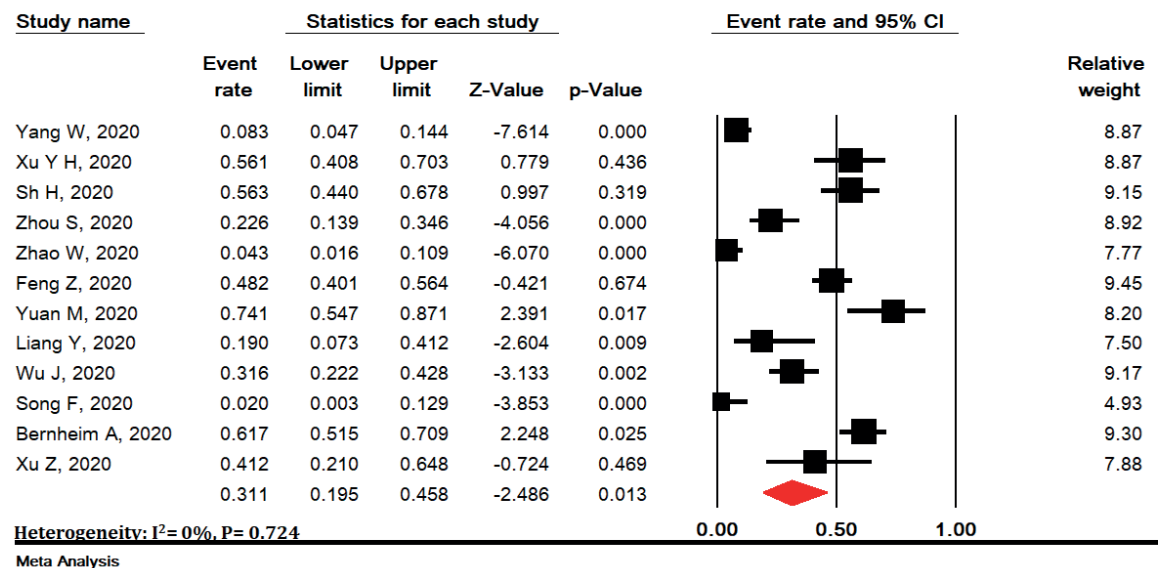


Supplementary Figure 1. Meta-analysis of the distribution of lung lesions in patients with COVID-19 pneumonia was as follows: peripheral (A), central (B), and peripheral and central (C)

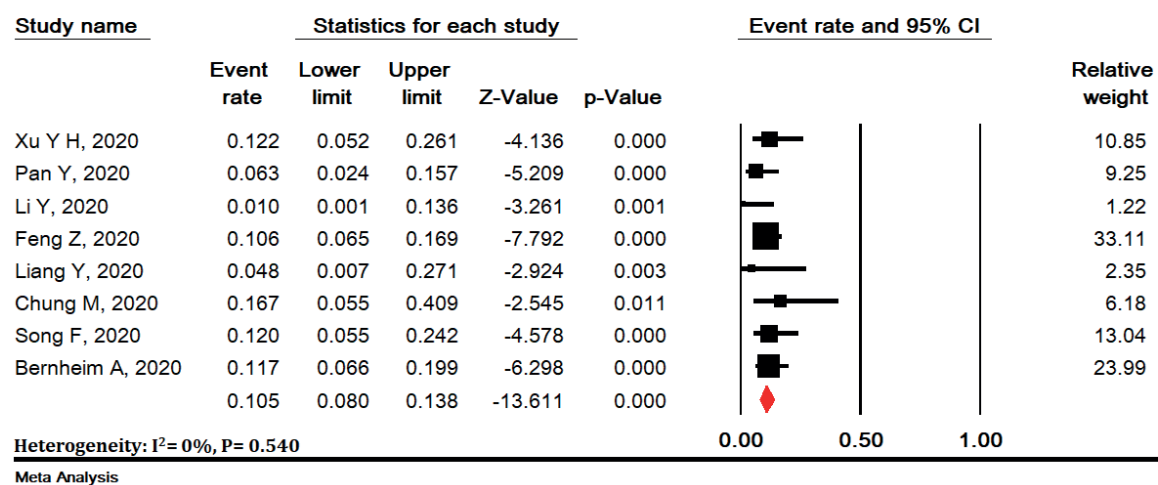
A



B

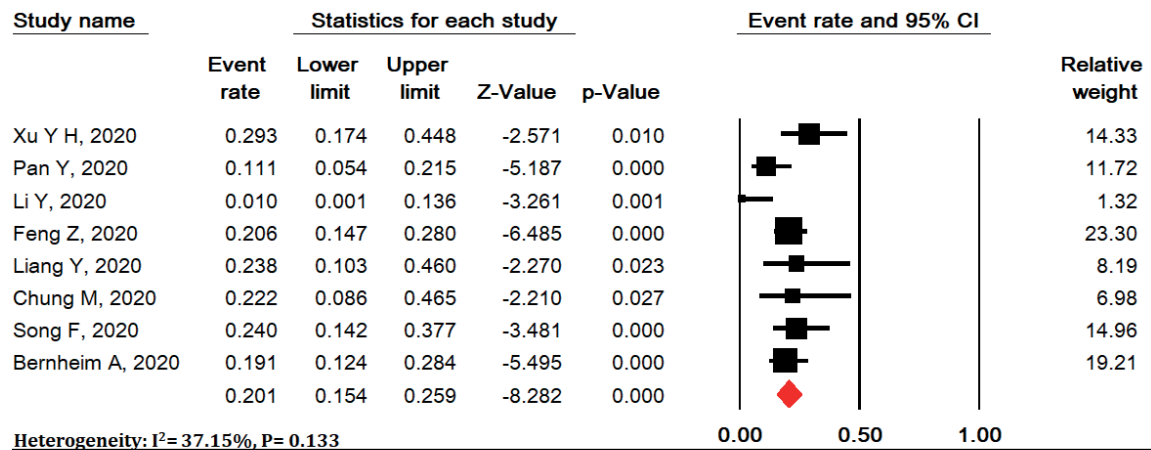


C



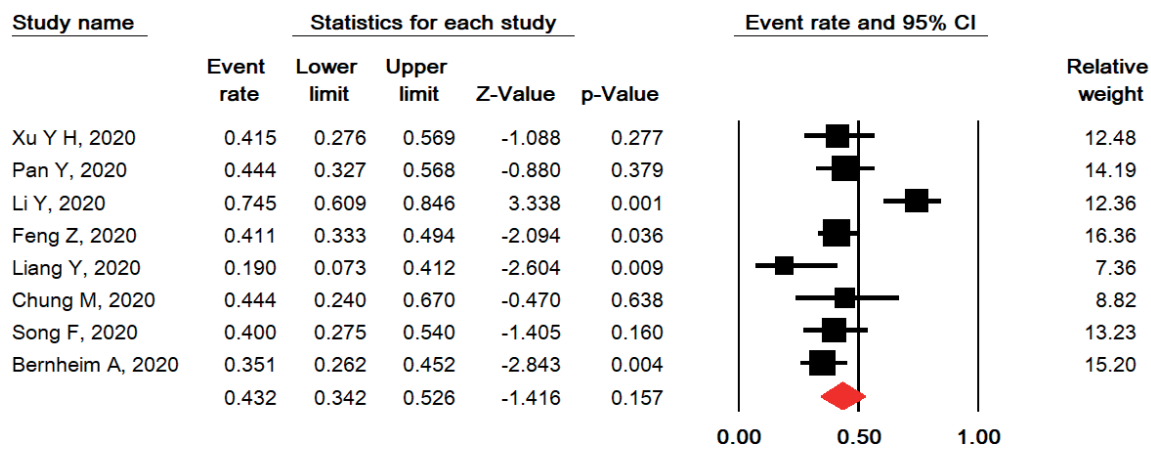
Supplementary Figure 2. Meta-analysis of one lobe involvement (A), two lobes involvement (B), three lobes involvement (C), four lobes involvement (D), and five lobes involvement (E)

D



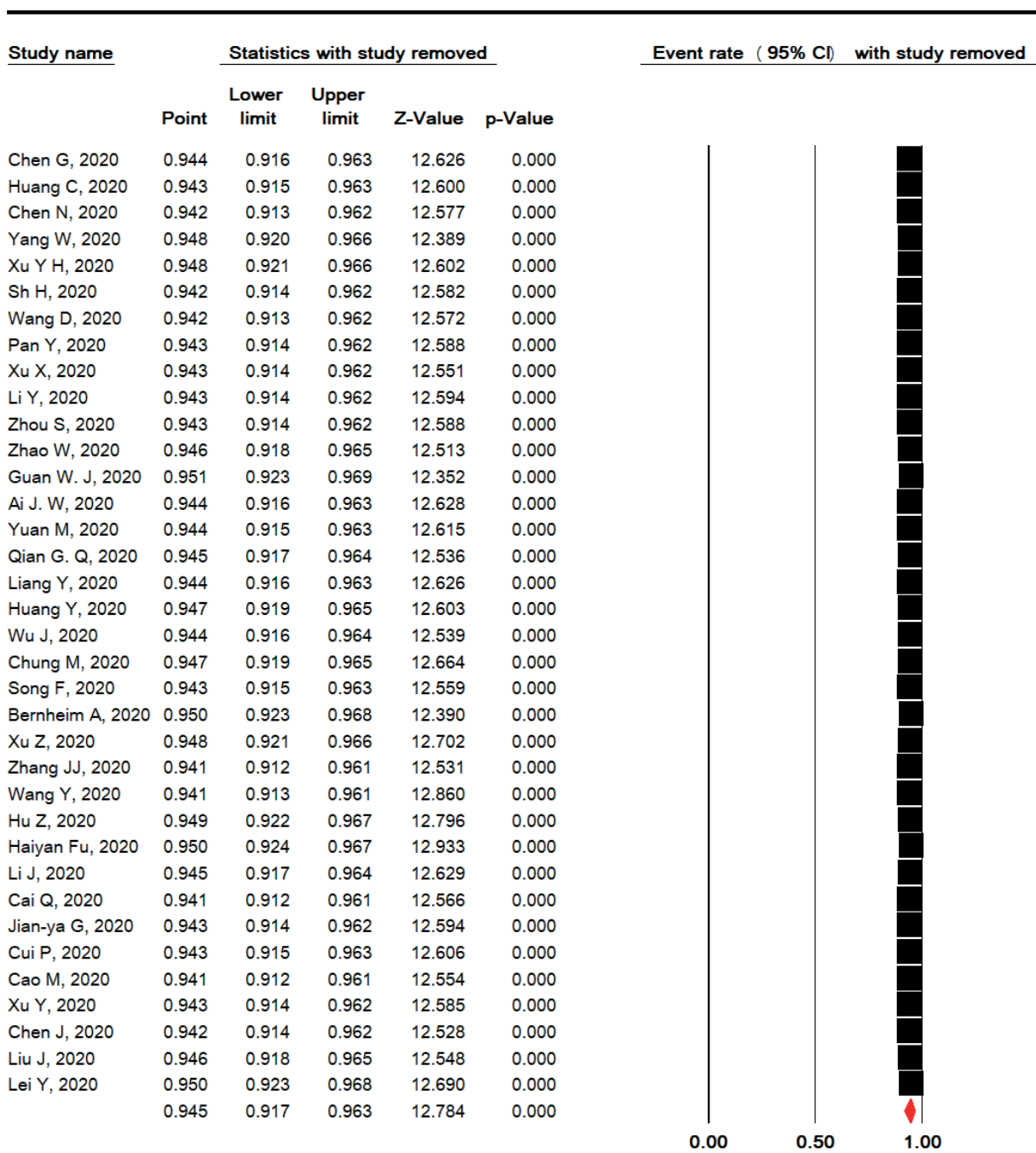
Meta Analysis

E



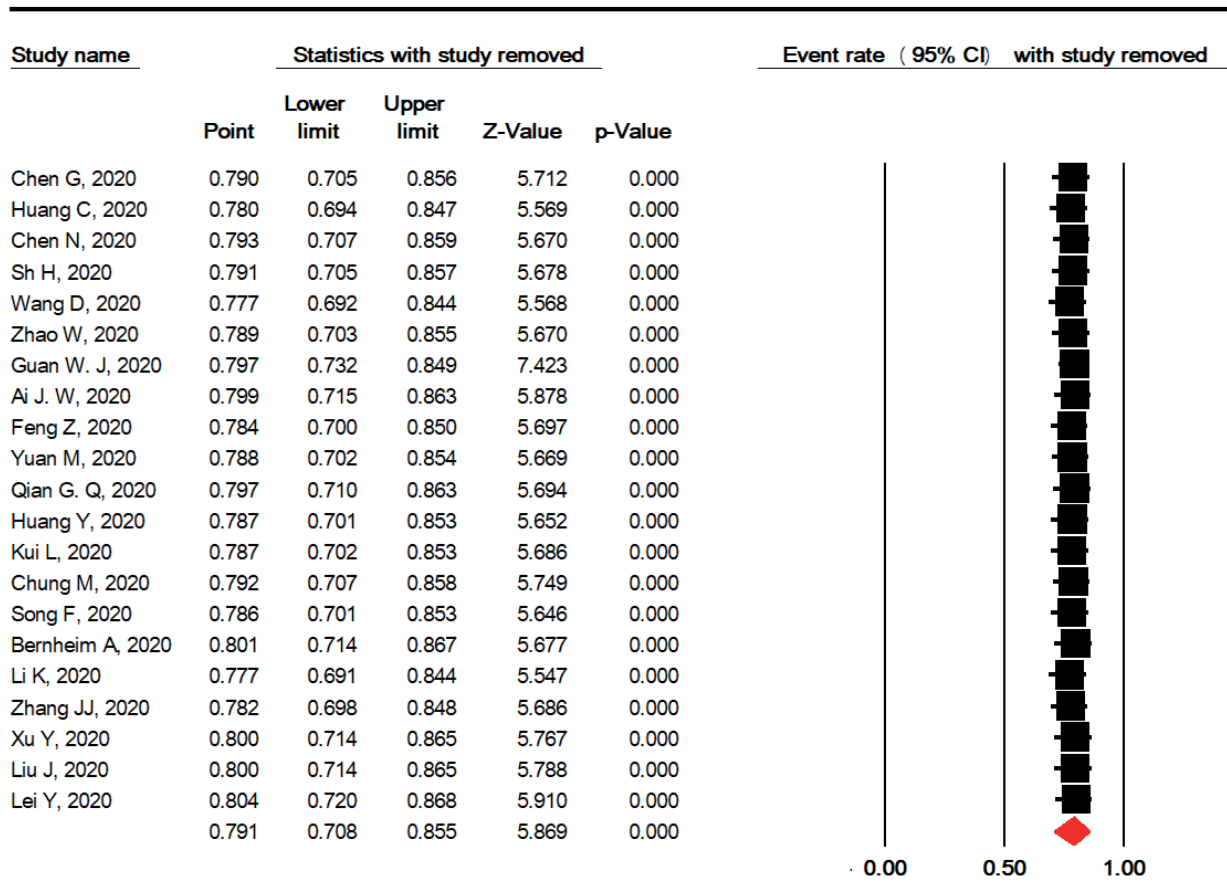
Meta Analysis

Supplementary Figure 2. Cont.



Meta Analysis

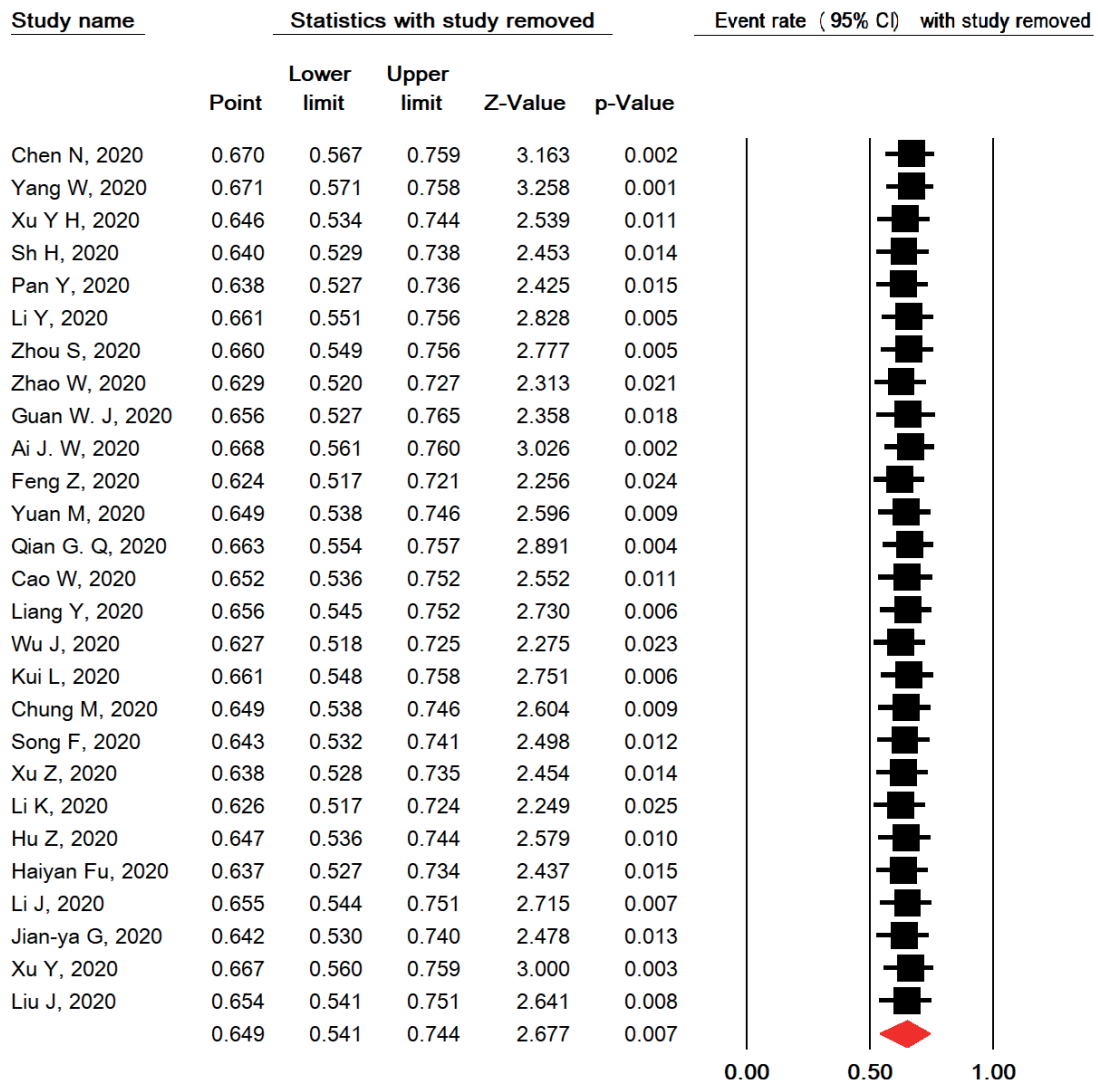
Supplementary Figure 3. Sensitivity analysis of sensitivity of chest computed tomography scan in patients with COVID-19



Meta Analysis

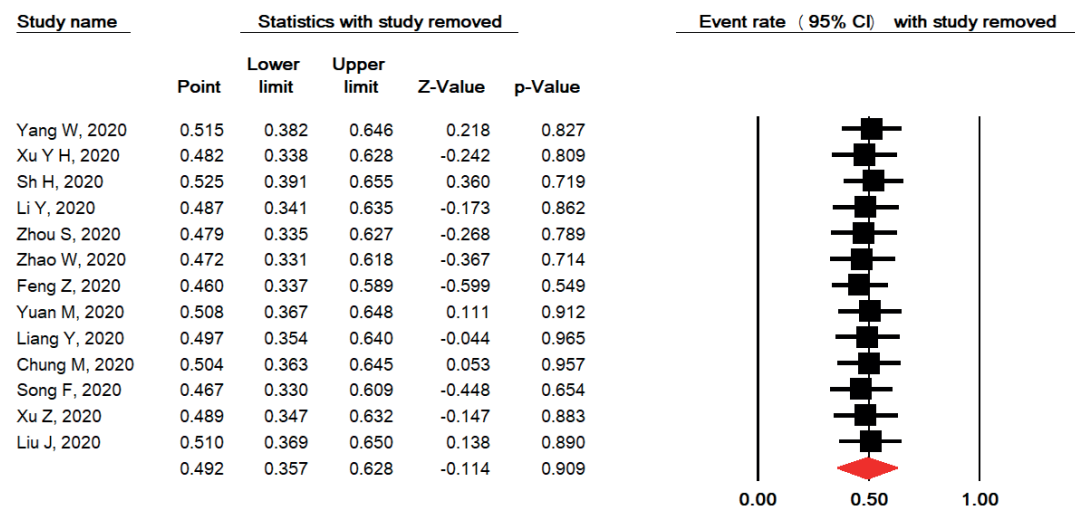
Supplementary Figure 4. Sensitivity analysis of bilateral lung involvement in chest computed tomography scan of patients with COVID-19 pneumonia

A



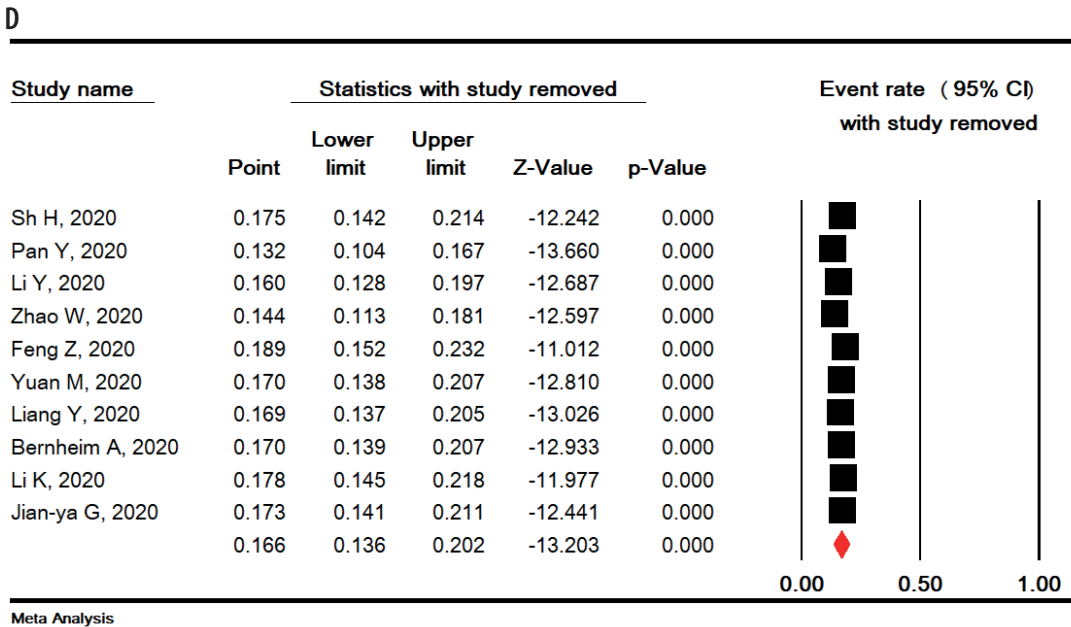
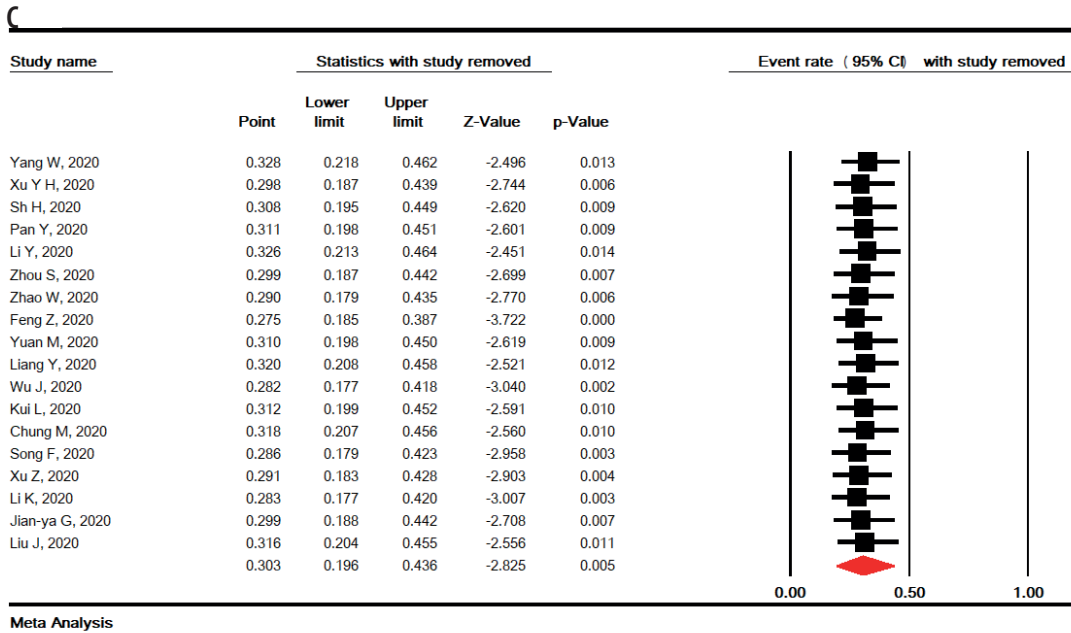
Meta Analysis

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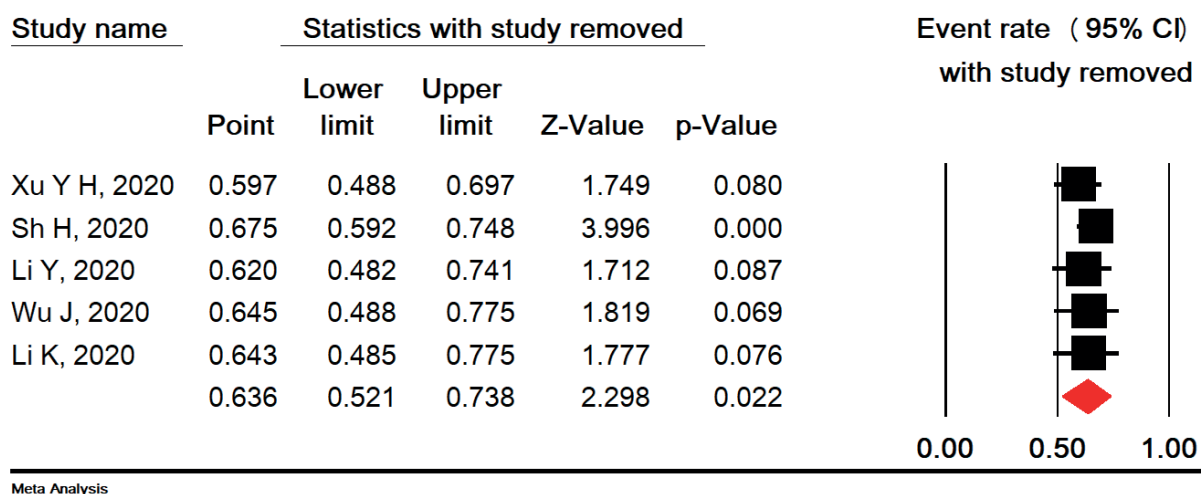
Meta Analysis

Supplementary Figure 5. Sensitivity analysis of pure ground-glass opacity (GGO) (A), mixed (GGO pulse consolidation or reticular) (B), consolidation (C), reticular (D), and presence of nodule (E) findings in chest computed tomography scan of COVID-19 pneumonia

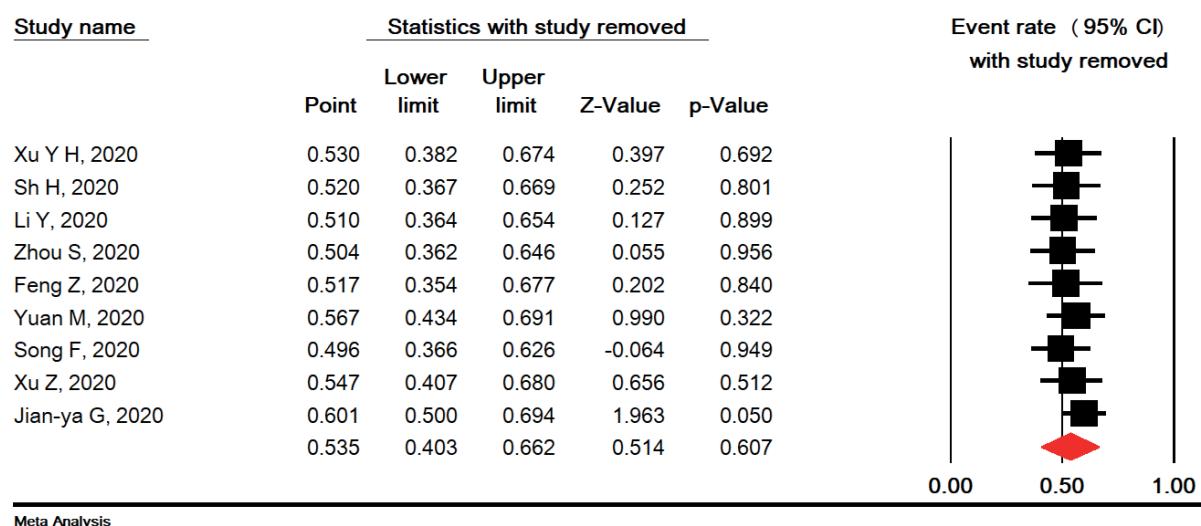


Supplementary Figure 5. Cont.

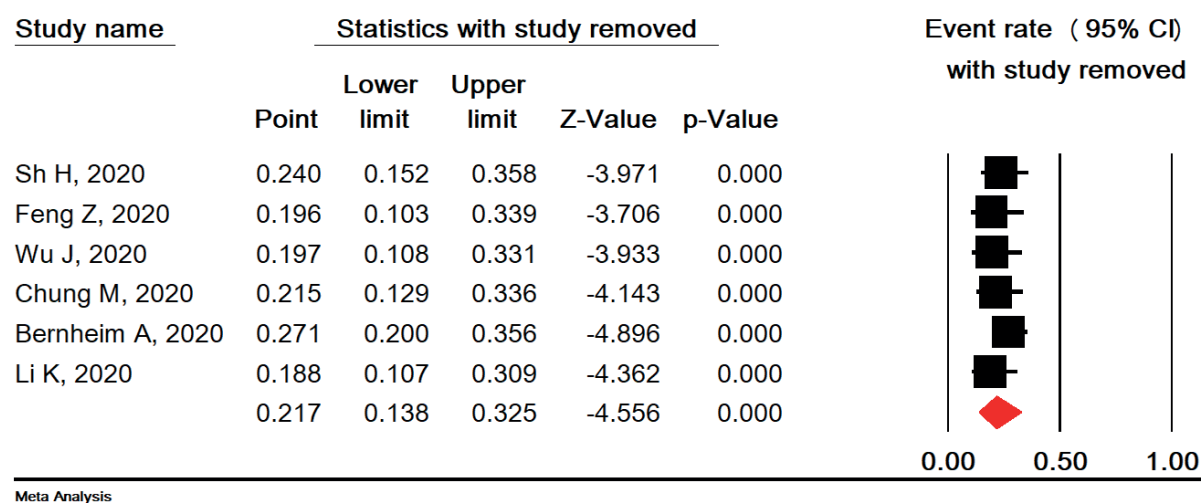
A



B

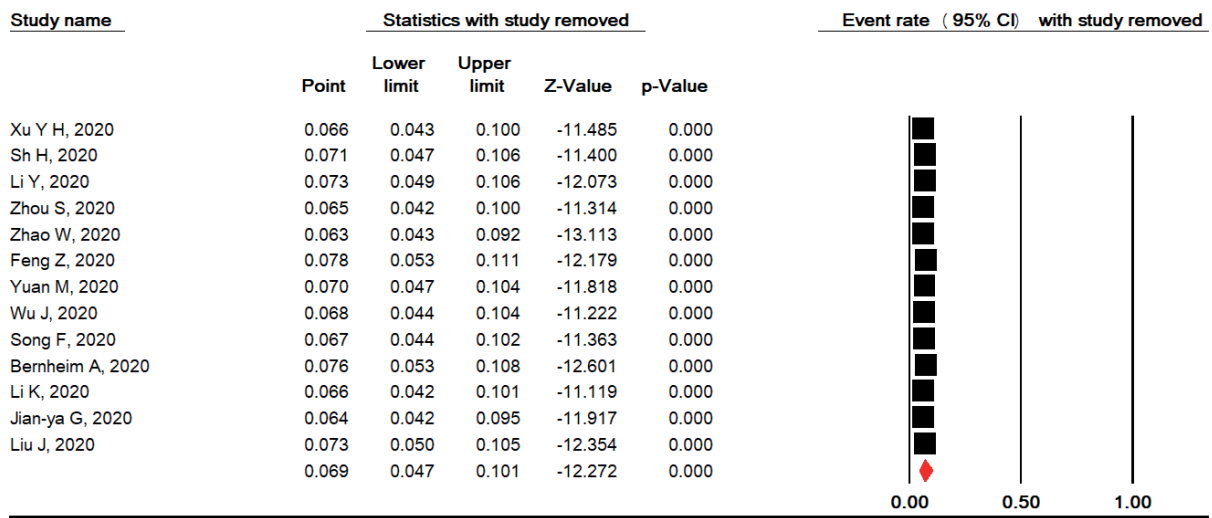


C



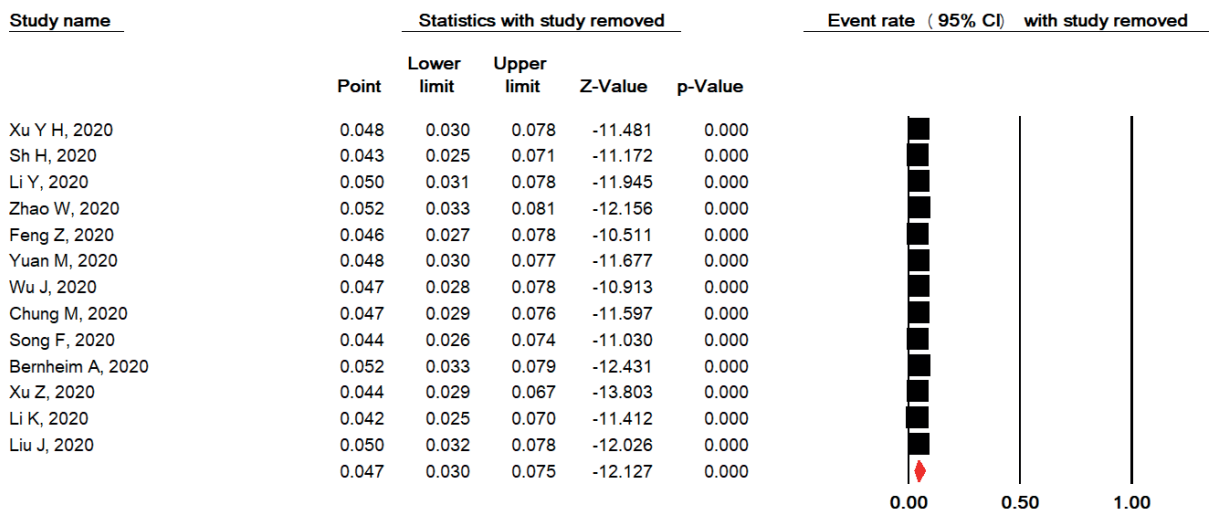
Supplementary Figure 6. Sensitivity analysis of thickened interlobular septa (A), vascular enlargement (B), air bronchogram sign (C), bronchial wall thickening (D), bronchiolectasis (E), fibrous stripes (F), crazy-paving pattern (G), thickening of the adjacent pleura (H), pleural effusion (I) and lymphadenopathy (J) findings in chest computed tomography scan of COVID-19 pneumonia

D



Meta Analysis

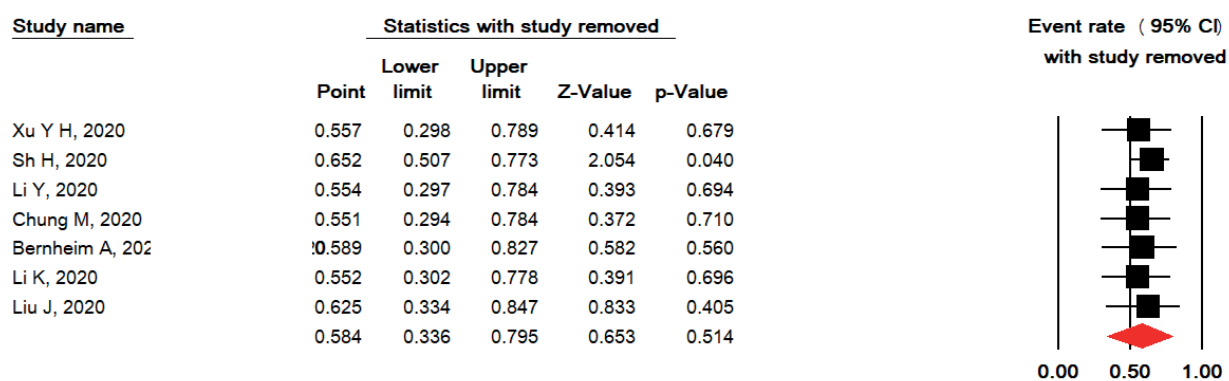
E



Meta Analysis

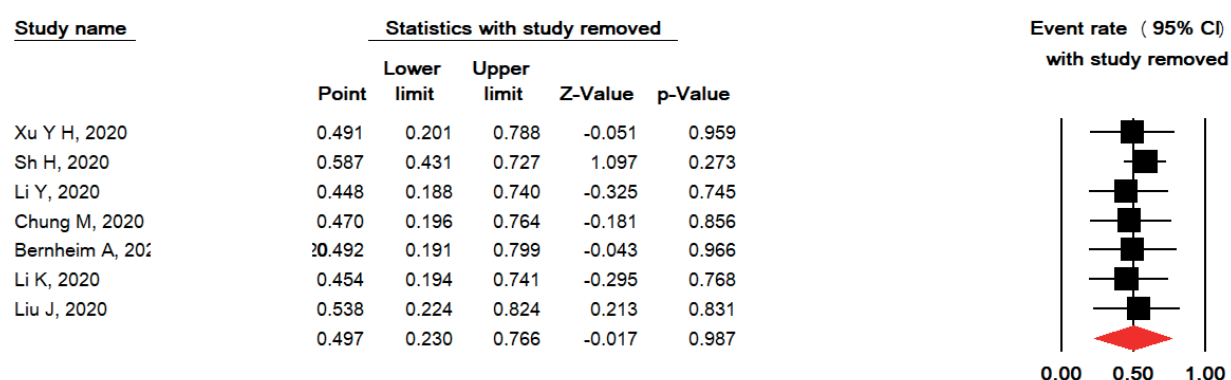
Supplementary Figure 6. Cont.

A



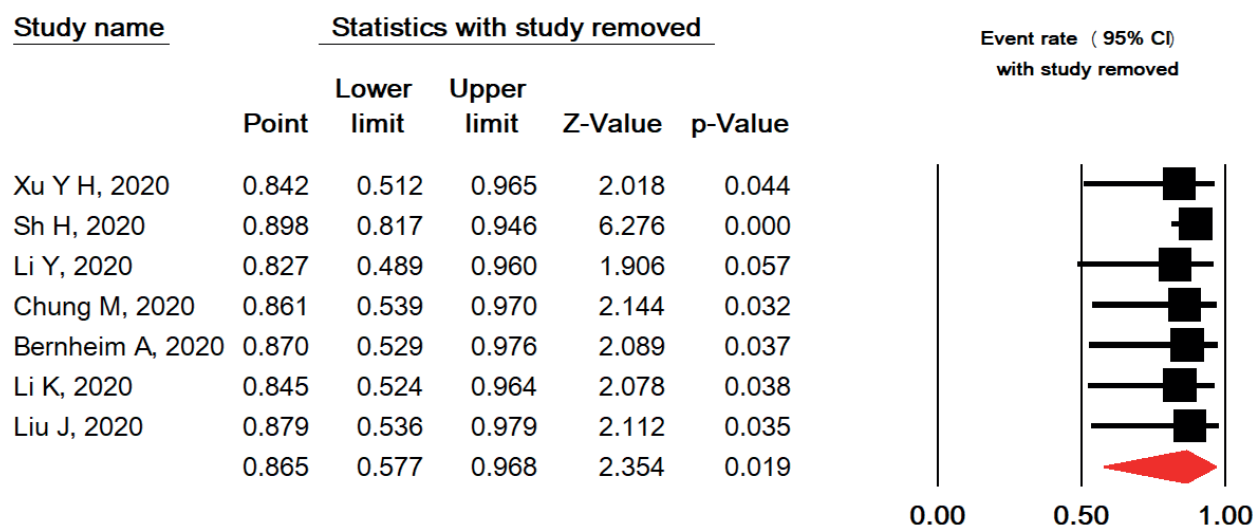
Meta Analysis

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Meta Analysis

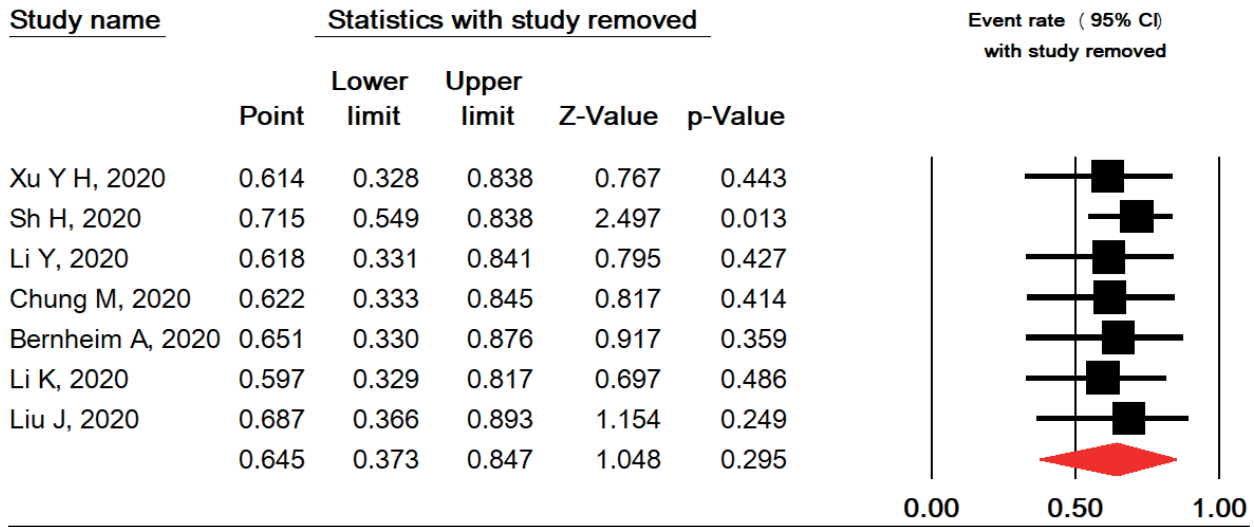
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Meta Analysis

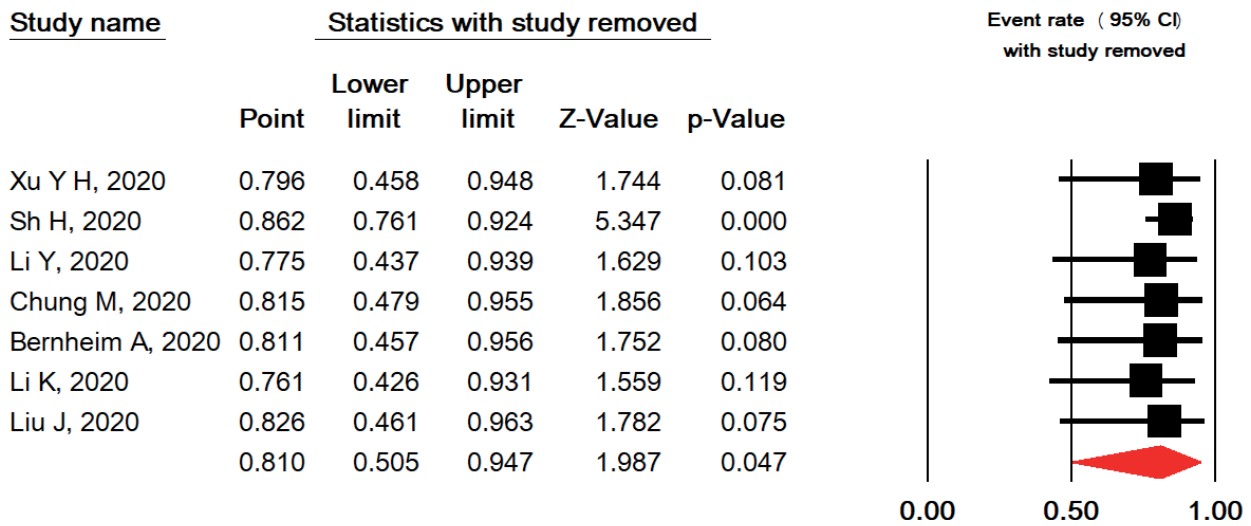
Supplementary Figure 7. Sensitivity analysis of right upper lobe (A), right middle lobe (B), right lower lobe (C), left upper lobe (D), and left lower lobe (E) involvement in chest computed tomography scan of COVID-19 pneumonia

D



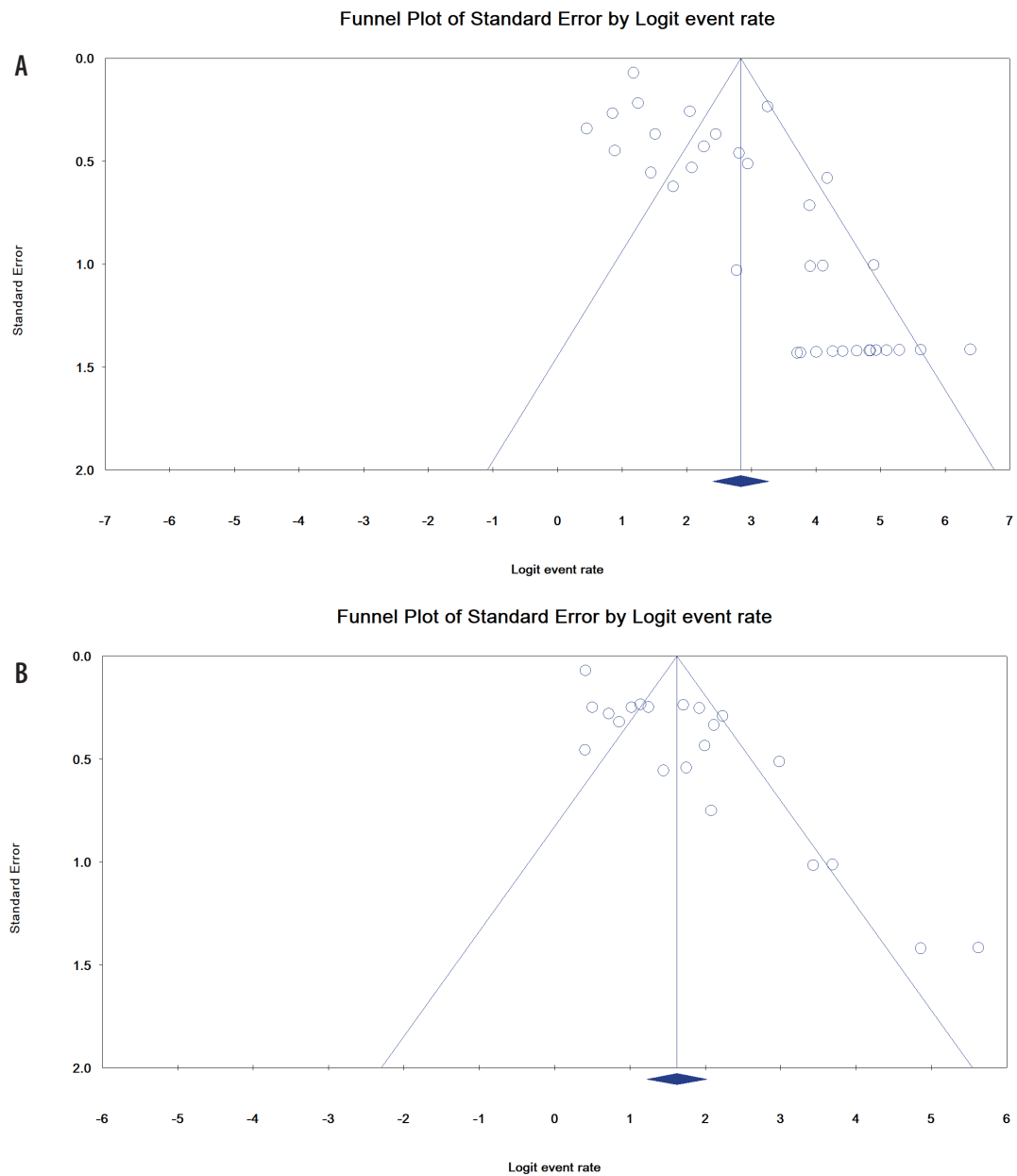
Meta Analysis

E



Meta Analysis

Supplementary Figure 7. Cont.



Supplementary Figure 8. Publication bias for positive chest computed tomography (CT) scan of COVID-19 patients (A) and for studies that showed bilateral lung involvement in chest CT scan of COVID-19 patients pneumonia (B)