

In the manuscript “Chest computed tomography findings of 1271 patients with COVID-19 pneumonia and classifications with different age groups: a descriptive study from Istanbul, Turkey”, DOI: 10.1590/1806-9282.20210150, published in the Rev Assoc Med Bras. 2021;67(11):1531-1537:

Page 1533, figure 1

Where it reads:

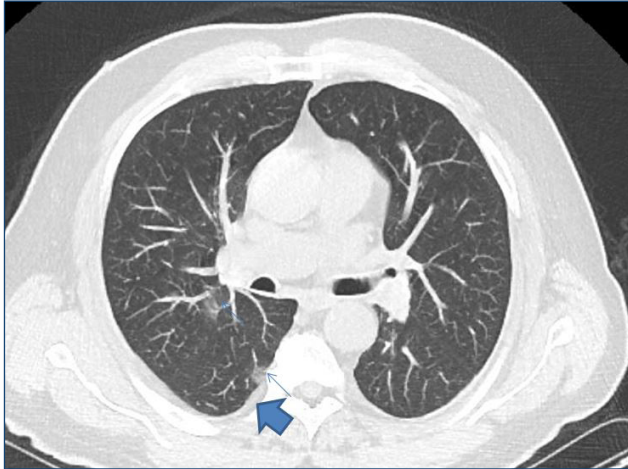


Figure 1. Graph showing the chest computed tomography findings of all patients at the time of presentation to the hospital. The most common chest computed tomography findings were normal. The presence of ground-glass opacity was the second most common lesion group, especially if it was bilateral. The cases with ground-glass opacity and consolidation were the third most common finding. The presence of consolidation alone was a very rare finding that the vast majority were due to atelectasis.

Page 1535, figure 2

Where it reads:

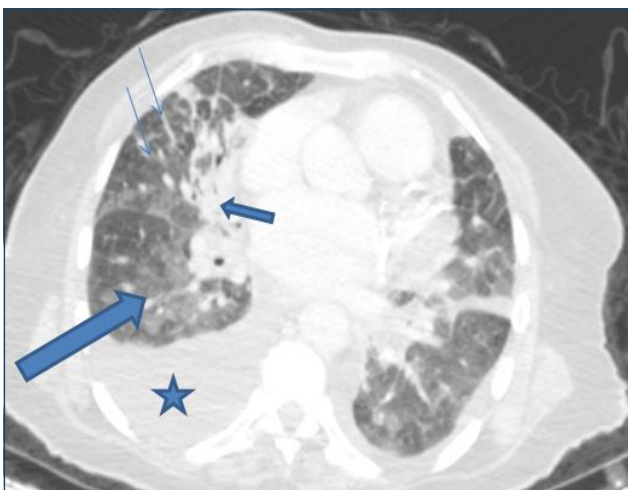


Figure 2. A 52-year-old male has been suffering from weakness and cough for about five days. There are ground-glass opacity adjacent to the fissure and subpleural area (thin blue arrows). Focal pleural thickening is noticed in the right lower lobe adjacent to the lesion (thick blue arrow).

It should read:

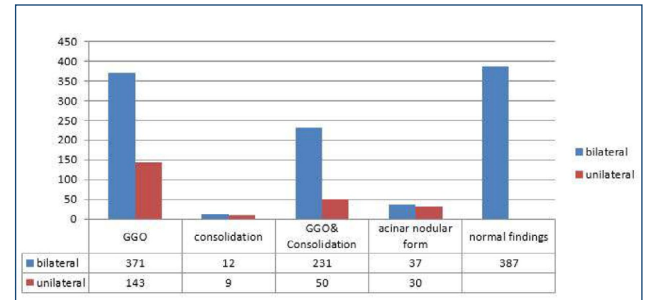


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It should read:

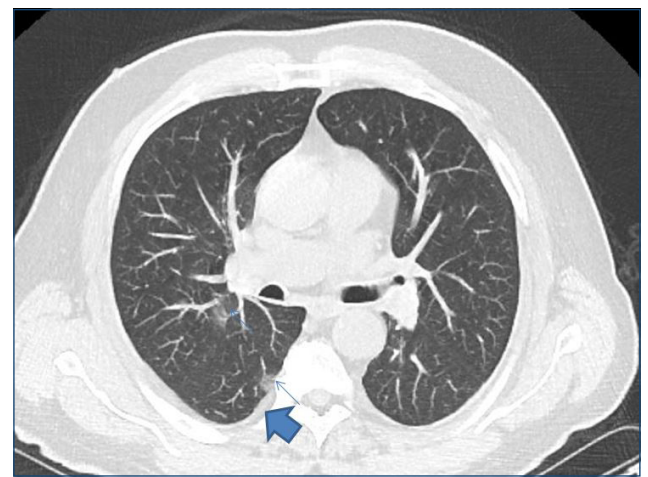


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Page 1535, figure 3

Where it reads:

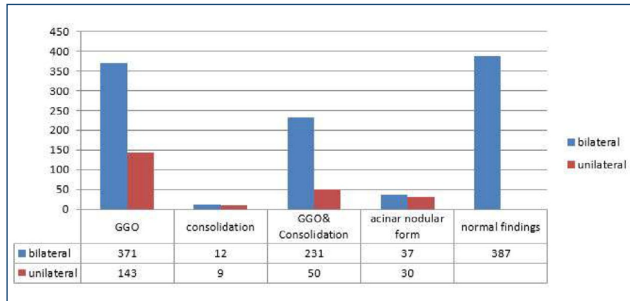


Figure 3. GGO: ground-glass opacity. A 76-year-old female patient has wheezing for the past 15 days and severe abdominal pain for one week. There are bilateral pleural effusion and cardiomegaly (blue stars). Bilaterally moderate interlobular septal thickening is observed (thin blue arrows). There is a focal consolidation in the right middle lobe (small thick blue arrow). Perihilar ground-glass opacity are present (long bold blue arrow). Chest computed tomography findings were classified as atypical findings for COVID-19. Pulmonary congestion findings in chest computed tomography suppress typical radiological findings for COVID-19.

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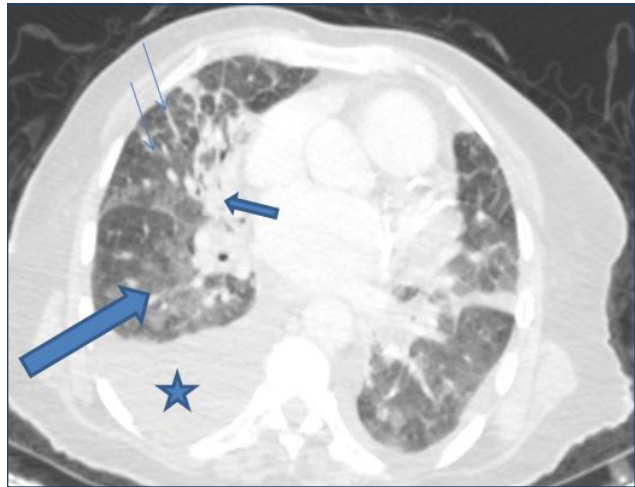


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