



Figure 3. Serial chest radiographs over 11 days in a 15-yr-old child. *a*, airspace shadowing in medial aspect and two well-defined nodular opacities in the right upper lobe. *b*, progressive involvement of the right upper lobe, giving the appearance of lobar consolidation. *c*, bilateral multifocal involvement in the right upper and both lower lobes. *d*, complete resolution of opacities in both lungs with treatment.

more coughing. Because the results of chest examinations were normal in the majority of children, florid chest signs may be indicative of other illnesses. The radiologic features in SARS resembled changes that occur in pneumonia of other causes. However, the symmetrical perihilar, peribronchial pattern of infiltration with hilar adenopathy, as well as the reticulo-nodularity that is commonly associated with viral pneumonia were not observed in these children. Chest radiographic changes are part of the diagnostic criteria used, but high-resolution computerized tomography may detect pneumonic changes before chest radiographs. Common laboratory findings included

normal or low total white cell counts, with lymphopenia, thrombocytopenia, and transient elevations of activated partial thromboplastin time. Other laboratory features included mild biochemical hepatitis and elevations of LDH and CPK. These, by themselves, may not assist in the diagnosis of SARS when there is no outbreak of the disease.

The treatment regimen for SARS is still controversial. Although the older children had more deranged laboratory variables and their chest radiographic abnormalities took longer to resolve, on the whole, the clinical course is much milder than that in adults. Lee et al. (4) reported that 23.2% of their 138 adult patients

required intensive care and 13.8% underwent mechanical ventilation. In our series, only two children (9.5%) required supplemental oxygen. None of them required mechanical ventilation. On the other hand, at least six family members of these children needed artificial ventilation and three of them died. Whether our treatment made any significant difference to the natural course of the disease is not clear at this stage because of the lack of clinical trials. Because the chest radiographic abnormality of one of our children who was afebrile resolved without intervention, there could be cases undiagnosed in the community that recovered spontaneously.