**Prevalence and clinical consequences of atelectasis in SARS-CoV-2 pneumonia:**

**a computed tomography retrospective cohort study.**

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SUPPLEMENTARY MATERIAL

**APPENDIX**

**Appendix I: Scores used in the present study**

* **CURB65 (from Barlow et al.):**

Based on the presence or absence of the following criteria (1 point per each):

 New confusion

 Urea .7 mmol/l

 Respiratory rate >30/min

 Systolic blood pressure < 90 mm Hg or diastolic blood pressure < 60 mm Hg

 Age >65 years

Depending on the score, the *patient may be classified as*:

Severe = 3 or more points.

Non-severe (moderate risk) = 2 points.

Non-severe (low risk) = 0 or 1 point.

* **Radiological severity COVID19 scale (based on Pan F. et al):**

A semi-quantitative scoring system by Pan F et al. was used to estimate the pulmonary involvement of all these abnormalities on the basis of the area involved, based on the chest CT findings described by Wong KT et al in 2003 and 2004. Each of the five lung lobes was visually scored on a scale of 0 to 5:

0: no involvement

1: less than 5% involvement

2: 5%–25% involvement

3: 26%–49% involvement

4: 50%– 75% involvement

5: more than 75% involvement.

The total CT score was the sum of the individual lobar scores and ranged from 0 (no involvement) to 25 (maximum involvement).

**Appendix II: In hospital mortality, atelectasis and pulmonary embolism (PE)**



**Figure II.1.** Percentage (%) of PE in the groups.

Columns show % of prevalence in each group,

*n* shows number of patients from each group.



**Figure II.2.** Percentage (%) of in-hospital mortality adjusted by PE.

Columns show % of in-hospital mortality in each group,

*n* shows number of patients from each group.