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CELEBRATING 55 YEARS

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Six Years On: The Lasting Legacy of COVID-19

What we now know — and what we still don't — about post-COVID lung at six years

In one week recently, I had four patients with COVID-19 with multiple scans to read, none of which looked the same on CT.

The first, a 75-year-old man, had stable curvilinear opacities in the upper and mid zones with traction bronchiectasis at the bases — unchanged over 2½ years (Fig. 1). The second, 49 years old, had had striking 2020 changes that had completely resolved by 2026 (Fig. 2); his only residue was episodic post-COVID rhinosinusitis. The third, a 69-year-old lady, had persistent curvilinear opacities that were mildly regressing over six years (Fig. 3) — without traction bronchiectasis. The fourth, a 70-year-old, had ground-glass that had progressed, year by year, into fibrotic ILD with cystic change (Fig. 4).

Same upstream diagnosis. Four very different lungs.

The picture has clarified considerably since I last wrote about this in October 2025. Three substantial papers in the last 18 months — and not much else — now tell us what to expect.

Song et al (Korean J Radiol, 2026) pooled 152 studies and 25,766 patients followed up to three years. DLCO impairment falls from 42% at six months to 35% at three years — better, but a third of patients are still abnormal. Ground-glass falls from 32% to 20%. Fibrotic-like changes persist between 27% and 47% across follow-up — but they do not progress. Honeycombing remains rare at 2–3%.

Eizaguirre et al (BMC Pulm Med, 2025) followed 56 severe-pneumonia survivors for four years. Ground-glass collapsed from 57% at three months to under 1% at four years. DLCO improved. Six-minute walk distance improved. Traction bronchiectasis, however, did not regress — once it appeared, it persisted, and even rose modestly. Their conclusion:

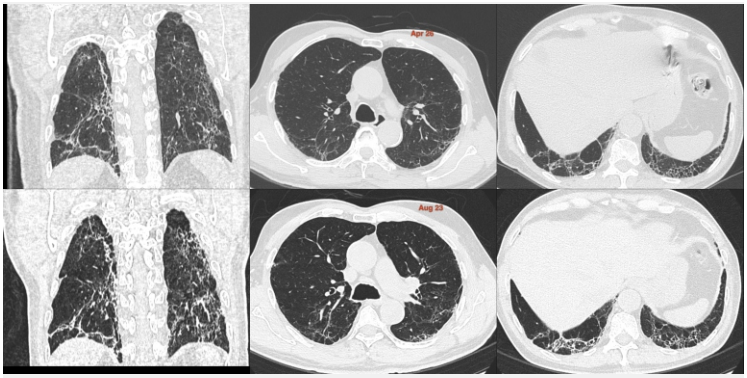

Fig. 1— Patient 1: Stable fibrosing residual lung abnormality. 75-year-old man, persistent mild dyspnea since 2021. Curvilinear opacities (upper and mid zones) with traction bronchiectasis at the bases — unchanged between Aug 2023 and Apr 2026. Stable fibrosing residual lung abnormality.

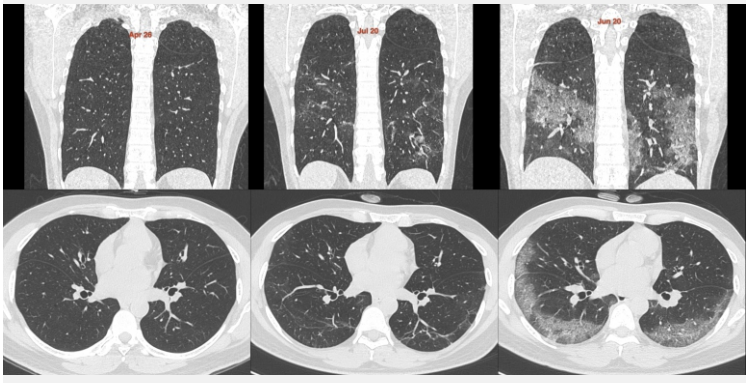

Fig. 2— Patient 2: Complete radiological resolution. 49-year-old man. Extensive ground-glass during acute infection (Jun 2020) regressing by Jul 2020 and completely resolved by Apr 2026. The most common outcome — full radiological recovery.

At a glance

- Most patients recover completely on CT; structural scars persist in a minority but do not progress over time.
- Honeycombing remains rare (2–3%); progressive fibrotic conversion is uncommon but real.
- Post-COVID lung mimics UIP and HP — a COVID history and access to COVID-era scans are essential before settling on a final diagnosis.

these are non-progressive, non-clinically relevant scars.

Shyam et al (Breathe, 2025) reviewed over 90 papers and proposed the term post-COVID-19 ILD (PC-ILD). They argue, on the strength of genetic data showing opposing direction of effect to IPF at MUC5B and other loci, that this is biologically distinct from progressive fibrotic ILD.

What this means for you, the referring physician: most patients with a COVID history and respiratory symptoms will improve. Some will keep stable scars that need no treatment. A small number will progress — and those are worth recognising early. Crucially, when a CT shows an ILD pattern that doesn't quite fit, do ask about COVID and request the COVID-era scans before referring for IPF. The pattern can mimic UIP and HP closely.

The early flood of post-COVID lung papers has slowed to a trickle. Our patients keep coming. We are largely on our own with experience and pattern recognition — but the patterns are now clear enough to act on.

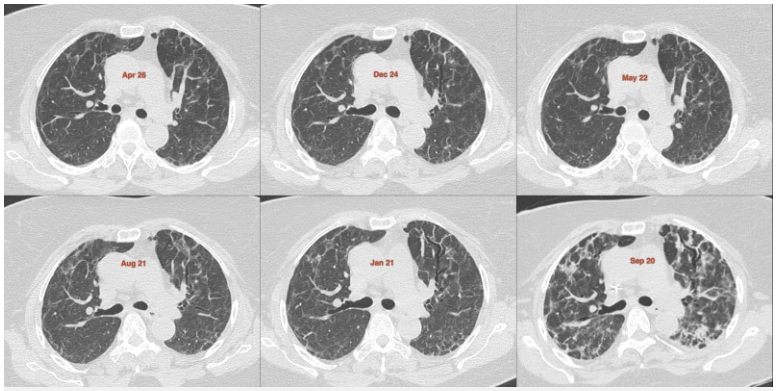

Fig. 3— Patient 3: Persistent curvilinear opacities, mildly regressing. 69-year-old lady. Persistent curvilinear opacities from Sep 2020 through Apr 2026 with mild regression over six years. No traction bronchiectasis. Fibrosis — but the kind that does not declare itself, and does not progress.

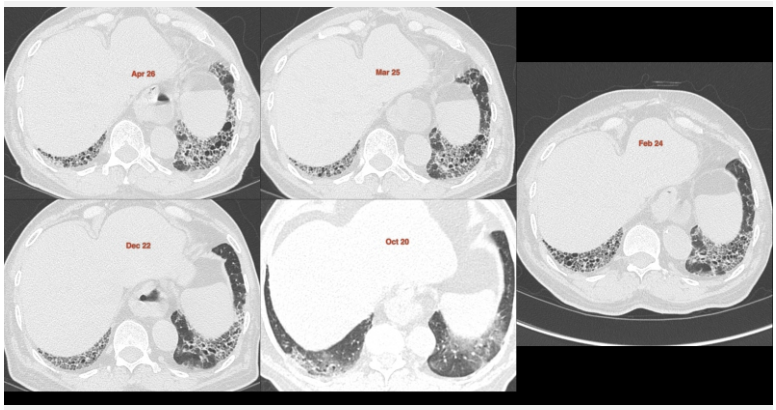

Fig. 4— Patient 4: Progressive fibrotic ILD with cystic change 70-year-old man with persistent dyspnea. Basal ground-glass at Oct 2020 has converted, year by year, into subpleural fibrotic ILD with cystic change by Apr 2026. The rare progressive end of the spectrum.

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