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A Short Note on COVID 19 Joe Thomas

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Short Communication

Currently the entire world is experiencing the desolation and devastation of a deadly virus, the new disease of COVID-19, emerging from the new coronavirus SARS-CoV 2, has spread throughout the world, affecting more than 200 countries and hundreds of people, with discouraging morbidity and mortality figures.

All this started at the end of December 2019, specifically on the 31st, where the Chinese Disease Control Center reported 27 cases of patients with pneumonia of uncertain etiology and who had in common a Hunan seafood market that it lacked sanitary measures, warning of a possible zoonosis.

On January 7 its causal agent was identified, which was a coronavirus and it was called with the name of the new coronavirus (2019-nCoV). The researchers delimited the 2019-nCoV sequence with that of other viruses through a database of genetic sequences, discovering that the most related were two viruses of Chiroptera origin as indicated by their scientific name (bats), (bat-SL -CoVZC45 and bat-SLCoVZXC21). However, their

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similarities were less than 90%, therefore, it was suggested that there was the possibility that there was another animal reservoir that acted as an intermediary between bats and humans. On February 11, the WHO coined the name SARS-CoV 2 and until March 11 it was declared by the same entity as a pandemic.

The clinical picture of patients with COVID-19 has a pattern of respiratory dominance and depends on the tropism of the virus towards the target organs of the body, because SARSCoV-2 uses the ACE-2 receptor for its entry into the host cell . The virus binds ACE-2 with an affinity 10-20 times greater than SARS-CoV. This receptor is highly expressed in multiple body tissues, including lung, gastrointestinal, kidney and cardiac tissue, explaining the symptoms present in the prodrome of the disease.