

Clinical and Morphological Features of the New Coronavirus Infection (Covid-19)

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Annotation. The emergence of COVID-19 has posed challenges for healthcare workers to quickly diagnose and provide medical care to patients. Currently, information on the epidemiology, clinical features, prevention and treatment of this disease is limited.

Key words: SARS-CoV, coronavirus family, angiotensin-converting enzyme type II (ACE2), pulse oximetry.

Relevance. Coronaviruses (Coronaviridae) are a large family of RNA viruses that can infect humans and some animals. In humans, coronaviruses can cause a range of diseases, from mild forms of acute respiratory infection to severe acute respiratory syndrome (SARS). Currently, four coronaviruses are known to circulate among the population (HCoV-229E, -OC43, -NL63 and -HKU1), which are present year-round in the structure of acute respiratory viral infections and, as a rule, cause mild to moderate damage to the upper respiratory tract. According to the results of serological and phylogenetic analysis, coronaviruses are divided into four genera: alphacoronavirus, betacoronavirus, gammacoronavirus and deltacoronavirus. The natural hosts of most currently known coronaviruses are mammals. Until 2002, coronaviruses were considered to cause mild diseases of the upper respiratory tract (with extremely rare deaths). At the end of 2002, coronavirus (SARS-CoV), the causative agent of SARS, appeared, which caused acute respiratory viral infection in humans. This virus belongs to the betacoronavirus genus. The natural reservoir of SARS-CoV is bats, with camels and Himalayan civets being intermediate hosts. In total, during the epidemic, more than 8,000 cases of the disease were registered in 37 countries, of which 774 were fatal. Since 2004, no new cases of atypical pneumonia caused by SARSCoV have been reported. In 2012, the world was faced with the new MERS coronavirus (MERS-CoV), the causative agent of the Middle East respiratory syndrome, also belonging to the genus of betacoronaviruses. The main natural reservoir of MERS-CoV coronaviruses is dromedary camels. From 2012 to January 31, 2020, 2,519 cases of coronavirus infection caused by the MERS-CoV virus were reported, of which 866 were fatal. All cases are geographically associated with the Arabian Peninsula (82% of cases were reported in Saudi Arabia). Currently, MERS-CoV continues to circulate and cause new cases of the disease. The new coronavirus SARS-CoV-2 is a single-stranded RNA virus, belongs to the Coronaviridae family, belongs to the Beta-CoV B line. The virus is assigned a second pathogenicity group, like some other representatives of this family (SARS-CoV virus, MERS-CoV). The SARS-CoV-2 coronavirus is believed to be a recombinant virus that is a mixture of a bat coronavirus and an unknown coronavirus. The genetic sequence of SARSCoV-2 is at least 79% similar to that of SARS-CoV. The entry gates of the pathogen are the

epithelium of the upper respiratory tract and epithelial cells of the stomach and intestines. The initial stage of infection is the entry of SARS-CoV-2 into target cells that have angiotensin-converting enzyme type II (ACE2) receptors. ACE2 receptors are present in cells of the respiratory tract, kidney, esophagus, bladder, ileum, heart, and central nervous system. However, the main and quickly accessible target is lung alveolar type II cells (AT2), which determine the development of pneumonia. The role of CD147 in SARS-CoV-2 cell invasion is also discussed. It has been established that the spread of SARS-CoV-2 from the systemic circulation or through the neural plate (Lamina cribrosa) can lead to brain damage. A change in the sense of smell (hyposmia) in a patient at an early stage of the disease may indicate both damage to the central nervous system and swelling of the nasopharyngeal mucosa.

Many aspects of the pathogenesis of coronavirus infection require further comprehensive study.

Epidemiological characteristics.

The main source of infection is a sick person, including those who are in the incubation period of the disease. Transmission of infection is carried out by airborne droplets, airborne dust and contact. The main route of transmission of SARS-CoV-2 is airborne, which occurs when coughing, sneezing and talking at close (less than 2 meters) distance. Contact transmission occurs through handshakes and other types of direct contact with an infected person, as well as through food, surfaces and objects contaminated with the virus. It is known that at room temperature SARS-CoV2 is able to remain viable on various environmental objects for 3 days. According to available scientific data, a fecal-oral mechanism of transmission of the virus is possible. SARS-CoV-2 RNA was detected in stool samples from patients. The COVID-19 nucleocapsid protein was found in the cytoplasm of epithelial cells of the salivary glands, stomach, duodenum, rectum, and urinary tract.

Clinical features of coronavirus infection. The incubation period ranges from 2 to 14 days, on average 5-7 days. COVID-19 is characterized by the presence of clinical symptoms of an acute respiratory viral infection:

- increased body temperature (> 90%);
- cough (dry or with a small amount of sputum) in 80% of cases; - shortness of breath (55%);
- increased fatigue (44%);
- feeling of chest congestion (> 20%).

A sore throat, runny nose, decreased sense of smell and taste, and signs of conjunctivitis may also occur. The most severe shortness of breath develops on the 6-8th day from the moment of infection. It was also found that among the first symptoms may be myalgia (11%), confusion (9%), headaches (8%), hemoptysis (5%), diarrhea (3%), nausea, vomiting, and rapid heartbeat. These symptoms at the beginning of infection can be observed in the absence of an increase in body temperature.

Clinical variants and manifestations of COVID-19:

- Acute respiratory viral infection (affects only the upper respiratory tract);
- Pneumonia without respiratory failure;
- Pneumonia with ONE;
- acute respiratory infections;
- Sepsis;
- Septic (infectious-toxic) shock;
- Thrombosis;

- thromboembolism.

Hypoxemia (decrease in SpO₂ by less than 88%) develops in more than 30% of patients. In 80% of patients, the disease occurs in a mild form of ARVI. The average age of patients in China is 51 years, the most severe forms develop in elderly patients (60 years or more), patients often have such concomitant diseases as diabetes mellitus (20%), arterial hypertension (15%) and other cardiovascular diseases. -vascular diseases (in 15%). Patients. Twenty percent of confirmed cases reported in the PRC were classified as severe by Chinese health authorities (15% patients in serious condition, 5% in critical condition). In severe cases, rapidly progressive lower respiratory tract disease, pneumonia, ARF, ARDS, sepsis and septic shock were often observed. In Wuhan, almost all patients with severe disease have progressive ARF: pneumonia is diagnosed in 100% of patients, and ARDS in more than 90% of patients.

Radiation methods are also necessary to identify and evaluate the nature of pathological changes in other anatomical areas and as a means of monitoring during invasive medical interventions.

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