

Corona virus: pathogenesis, diagnosis and immune response.

Vihren Melnikov*

Department of Molecular Medicine, University of Colima, Colima, Mexico

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Corona viruses may infect animals and humans. Coviids have been depicted for over 50 years; the isolation of the coronavirus strain murine, was reported. According to some research results the mechanisms of replication at molecular level as well as the pathogenesis of several strains of coronaviruses have been actively studied. Most of the animal viruses, for example porcine transmissible gastroenteritis virus, bovine coronavirus, avian infectious bronchitis viruses, are seen in animal infections [1]. One of the strain of coronavirus is mouse hepatitis virus (MHV) strain is studied as a model for human disease. This family of viruses remained relatively obscure, probably because there were no severe human diseases that could definitely be attributed to coronaviruses; human coronaviruses caused only the common cold.

At the time of infection with coronaviruses, similarly as with any remaining RNA infections, replication of genome and transcription of mRNAs occur. Presently the treatment is primarily indicative and anticipation by appropriate utilization of individual hygiene and and different measures is essential to restrict the spread [2,3]. During pandemic stage obsessive highlights including pathogenesis, consequently in this survey we give the current pathology focused comprehension of COVID-19. Moreover, the pathogenetic pathway is vital in the improvement of remedial targets. As of now RT-PCR of upper and lower respiratory swabs or tests is the highest quality level symptomatic test. Immunological tests based on antibody detection, however not accommodating during the beginning stages of illness, can be utilized to affirm disease in later stage. In this paper, we have tried to explain about all aspects of COVID-19 like pathology of infection including pathogenesis and therapeutic targets. Presently, It is very tough time for doctors, pathologists, and researchers including health management for diagnosis of covid and treatment of these infected patients, and way to further research work [4,5]. In some cases some of virus during infection cell-to-cell fusion occurs thorough spike-mediated thus promoting syncytium formation and viral spread. The N protein communicates with the M protein, and sprouting into vesicles happens.

During second wave of the COVID-19 pandemic, the deaths rates are very highly occurred especially among the old patients with other health complications. Many doubts are raised and few simple answers have been given by scientists. The RT-PCR is the only diagnose tool for using covid 19 test and it might be useful to know the viral load and the subsequent infectivity. Maybe super spreaders could be distinguished by these investigations. For the RT-PCR cycle number to be helpful, the example assortment strategy would need to be normalized. Nasal swabs may be more delicate than throat swabs.

There was proof of small route of airway is damage accompanied by bronchiolarization (bronchial metaplasia) of adjacent alveolar spaces in corona virus infected patients. Regardless of careful corresponding examinations with unique stains, no causative specialist was recognized. histopathologic examination of expired patients contaminated with SARS-CoV-2 showed that most of lung examples (80 %) displayed diffuse alveolar harm. Various periods of diffuse alveolar harm were noticed, including the exudative, proliferative, and early fix stage. This histological example was described by hyaline film arrangement, type 2 pneumocyte hyperplasia, intraalveolar association and interstitial axle cell hyperplasia.

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*Correspondence to:

Vihren Melnikov
Department of Molecular Medicine,
University of Colima
Mexico
E-Mail: melnikov@ucol.mx