SARS-CoV-2 invades the lung parenchyma,

resulting in severe interstitial inflammation of the

lungs. This is evident on computed tomography (CT)

images as ground-glass opacity in the lungs. This

lesion initially involves a single lobe but later

expands to multiple lung lobes (118). The

histological assessment of lung biopsy samples

obtained from COVID-19-infected patients revealed

diffuse alveolar damage, cellular fibromyxoid

exudates, hyaline membrane formation, and

desquamation of pneumocytes, indicative of acute

respiratory distress syndrome (119). It was also

found that the SARS-CoV-2-infected patients often

have lymphocytopenia with or without leukocyte

abnormalities. The degree of lymphocytopenia gives

an idea about disease prognosis, as it is found to be

positively correlated with disease severity (118).

Pregnant women are considered to have a higher risk

of getting infected by COVID-19. The coronaviruses

can cause adverse outcomes for the fetus, such as

intrauterine growth restriction, spontaneous abortion,

preterm delivery, and perinatal death.

Nevertheless, the possibility of intrauterine

maternal-fetal transmission (vertical transmission) of

CoVs is low and was not seen during either the

SARS- or MERS-CoV outbreak (120). However,