

the initial stages of the outbreak, only mild symptoms were noticed in those patients that are infected by human-to-human transmission (14).

The initial trends suggested that the mortality associated with COVID-19 was less than that of previous outbreaks of SARS (101). The updates obtained from countries like China, Japan, Thailand, and South Korea indicated that the COVID-19 patients had relatively mild manifestations compared to those with SARS and MERS (4). Regardless of the coronavirus type, immune cells, like mast cells, that are present in the submucosa of the respiratory tract and nasal cavity are considered the primary barrier against this virus (92). Advanced in-depth analysis of the genome has identified 380 amino acid substitutions between the amino acid sequences of SARS-CoV-2 and the SARS/SARS-like coronaviruses. These differences in the amino acid sequences might have contributed to the difference in the pathogenic divergence of SARS-CoV-2 (16). Further research is required to evaluate the possible differences in tropism, pathogenesis, and transmission of this novel agent associated with this virus and human disease. Since the current outbreak of COVID-19, there is an expectancy of a significant increase in the number of published studies about this emerging coronavirus, as occurred