

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 coronavirus 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).