

The middle-east-respiratory-syndrome coronavirus and the lung

Editorial

The Middle-East-Respiratory-Syndrome Coronavirus (MERS-CoV) is an emerging infectious organism associated with severe respiratory symptoms and renal failure found in infected individuals. The initial name of this novel coronavirus was hCoV-EMC, which stood for human coronavirus-Erasmus Medical College, where the first viral isolate was sequenced. The past-two-year discovered isolate from South Africa, the Netherlands (BtCoV/VM314/2008), and putative bat coronaviruses in China (BtCoV-HKU4 and BtCoV-HKU5) are the closest phylogenetic neighbors to MERS-CoV. These four bat coronaviruses have been sequenced only from bat specimens and have never been isolated as live viruses from either bats or the environment. In the Arabian Peninsula, bats seem to be the reservoir host of the virus, but are probably not the source of the ongoing MERS-CoV outbreak because of limited contact with humans in this region. Nevertheless, the origin of MERS-CoV remains a mystery. In several countries in Arabian Peninsula and Africa, the high rates of MERS-CoV-specific antibodies in dromedary camels were identified, particularly in respiratory specimens, milk, and feces collected from Saudi Arabia, Oman, Egypt, and Qatar. Casey B found that death rates were highest among those with the most severe disease progression, particularly, congestive heart failure, and other co-morbidities. Das et al. revealed that pulmonary infiltration in the right lower zone, right middle zone, and left middle zone were the most common roentgenographic characteristics of the died patients.

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Conflict of interest

The author declares no conflict of interest.