INTRODUCTION

As in diseases likewise Novel Coronavirus (COVID-19), there are lies within truths and truths within lies. The different bends of the rope get tangled and become knots, you only see the knots, the rest is go away from you. Be like a sharp sword, separate darkness from light. Novel Coronavirus’s tricks may deceive the sky but should not who lives on the ground. Stratagems are carefully planned way of achieving or dealing with something often involving ruse. Novel Coronavirus disease (COVID-19) is caused by severe Acute Respiratory Syndrome Coronavirus-2 and it has been declared a pandemic after reaching several countries. In this manuscript each stratagem present an short eclectic discussion of its theme and associated with COVID-19 unforeseeable findings.

Stratagem-1: Cross the sea by deceiving the heaven/ To create a front that eventually becomes imbued with the impression of familiarity.

Pulmonary embolism (PE) has been reported frequently in COVID-19 patients. Although pneumonia is usually detected in COVID-19 patients we have to always keep in mind that COVID-19 patients are also at risk for thromboembolic complications. Do not allow impression of familiarity (pneumonia) to create your final diagnosis (PE) to cross the sea by deceiving the heaven.

Stratagem-2: Besiege Wei to rescue Zhao/To take a circuitous route in order to reach the destination.

Atrial tissue stiffness is an independent risk factor and a possible mechanism for acute atrial fibrillation (AF) development. COVID-19, due to respiratory infection, increased atrial and ventricular tissue stiffness. Acute AF might be a advantage of clinicians circuitous route in order to reach COVID-19 diagnosis.

Stratagem-3: Kill with a borrowed knife/Induce others to fight your battles for you.

There may be gastrointestinal mucosal cell damage due to COVID-19 invasion or tissue hypoxia caused by long-term hypoxemia. It may also be due to existing coagulopathy in patients who developed multiple organ failure. Virus uses hypoxia and coagulopathy (borrowed knife) for gastrointestinal bleeding pathophysiology.

Stratagem-4: Wait at one's ease for exhausted enemy/Eventually strength will be reduced.

The infection by COVID-19 virus triggers the cholecystitis via a yet unknown mechanism. It might be the reason of drained effect of virus on immune system of the patients, for instance, complement consumption (exhausted the immune system) make biliary system open up to infection.
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Stratagem-5: Loot a burning house/Use the misery and distress to gain something.

Hypoglycemia has been shown to mobilize pro-inflammatory monocytes and increase platelet reactivity, contributing to a higher cardiovascular mortality in patients with diabetic COVID-19 patients. It has been known that COVID-19 suffered diabetic patients usually have at least one episode of hypoglycemia. Virus use the misery (diabetic hypoglycemia) and distress to gain something (higher mortality).

Stratagem-6: Make a feint to the east and attack the west/Move maintains deceitful appearance.

The clinical symptomatology of COVID-19 and acute exacerbation of COPD is difficult to differentiate which may potentially result in delayed or inappropriate medical intervention. COVID-19 make a feint to the east (bronchoconstriction of chronic obstructive pulmonary disease (COPD)) and attack the west (using ACE-1/2 receptors).

Stratagem-7: Create something out from nothing/Creating a false idea.

Elevated levels of C-Reactive Protein (CRP) and D-dimer, indicating a high inflammatory state and abnormalities with the coagulation cascade, respectively, might play a role in the pathophysiology of stroke in the setting of COVID-19 infection. COVID-19 could creating something (stroke) out from nothing (hypercoagulation).

Stratagem-8: Pretend to advance along one path while secretly going along another/Set up a false front deliberately, and then penetrate on other fronts.

Anesthesia societies currently recommend the use of general endotracheal anesthesia to reduce aerosolization in patients without suspected or confirmed asymptomatic COVID-19 patients. Asymptomatic COVID-19 set up a false front (no clinical findings) and then penetrate on other fronts (start infection).

Stratagem-9: Watch the fire across the river/False disorders (apparent) should be wait watch (late disorders).

Blood hypercoagulability, a typical feature of this viral infection, can cause both venous and arterial thrombosis, as recently described, more commonly involving medium-sized arteries. Acute arterial thrombosis may be seen in course of COVID-19 pneumonia. COVID-19 may watch the fire (acute thrombosis/late disorder) across the river (pneumonia/apparent disorder).

Stratagem-10: Hide a dagger in a smile/Conceal a hostile scheme with a smile.

The inflammatory storm trigged by COVID-19 is damaging the vascular endothelium and thrombosis begins. Every vessel is clogged because of microthrombuses and this is end up with widespread infarctions, likewise stroke, pulmonary embolism and coronary occlusions. Immune hyperreaction is the dagger of the virus, and this dagger is hiding the smiling face of COVID-19.

Stratagem-11: The plum tree dies for the peach tree/Substituting one thing for another.

Patients infected with COVID-19 can present with eye redness, ocular irritation, tearing, and chemosis. These symptoms have more commonly affected patients with severe systemic symptoms of COVID-19, though they present as an initial manifestation of the disease. The plum tree (ocular diseases) dies for the peach tree (multorgan failure).

Stratagem-12: Take away a goat in passing/Use the misery and distress to gain something for.

The recent COVID-19 radiological literature focuses primarily on computed tomography (CT) findings, which is more sensitive and specific than chest X-ray (CXR). Clinician should take away a goat (pulmonary CT findings) rather than CXR sensitivity.

Stratagem-13: Beat the grass to startle the snake/Achieve the goals with appal the situation.

COVID-19 start up coagulation disorder induced by systemic inflammatory state, endothelial activation, hypoxia and immobilization may lead to mesenteric vascular thrombosis. COVID-19 could startle the snake (hypercoagulability) to achieve the goal (acute mesenteric vascular thrombosis).

Stratagem-14: Raise a corpse from the dead/Give past a new purpose.

Symptoms were falsely attributed to the surgical procedure, leading to erroneous early management and a complicated postoperative course. COVID-19 symptoms could masquerade the symptoms of a postoperative periprosthetic joint infection. Clinicians must give a past (postoperative joint infection) a new (COVID-19) purpose in pandemic.

Stratagem-15: Lure the tiger out of the mountain/Leave their meanings by holding out baits.

A direct insult to the colonic cells by the coronavirus might be the reason of bowel perforation. COVID-19 could lure the tiger (perforation-free air) out of the mountain (luminal organ).

Stratagem-16: In order to capture, one must let loose/Careful delays bring the situation down.

Herpes zoster might be considered as an alarming sign for a recent subclinical COVID-19 infection. In other words herpes zoster (careful delays) can be the diagnosis tool for COVID-19 (bring the situation down).

Stratagem-17: Cast a brick to attract a piece of jade/Use baits to entice.

Thrombotic events may be the initial presenting symptom of COVID-19, like cerebral venous sinus thrombosis. Clinician could use baits (cerebral thrombosis) to entice (COVID-19) diagnosis.

Stratagem-18: Defeat the enemy by capturing their chief/Destroy the main force.

Dynamic ECG change is the hallmark of cardiac injury which usually signifies a critical status in patients with COVID-19. By capturing chief (pathological dynamic ECG changes) clinician could diagnosis COVID-19.

Stratagem-19: Remove the firewood under the cooking pot/Rout out the source.

Usage of favipiravir and hydroxychloroquine together are potential effective drugs for the treatment of Covid-19. These drugs might be the only right treatment choices for routing out the pathology source (remove the firewood) until the vaccine produces.

Stratagem-20: Fish in murky waters/Throwing into disorder.

Abdominal and testicular pain sometimes can be an atypical presentation of COVID-19. Do not allow the virus atypical findings throwing you into wrong general surgery/urology consultation (murky waters).

Stratagem-21: The cicada sheds its shells/Going elsewhere secretly.

In literature, COVID-19 patient with no past medical or surgical history presented to the emergency department with severe colic abdominal pain without nausea, vomiting or diarrhoea. In these patient a thoracoabdominal computed tomographic scan with intravenous iodine contrast confirmed a non-enhancing filling defect within the lumen of the right branch of the portal vein. The cicada (COVID-19) sheds its shells to going elsewhere (portal ven thrombosis) secretly (no respiratory symptoms).
Universal masking could become a form of "variolation" that would generate immunity and thereby slow the spread of the virus\textsuperscript{19}. Masking could shut the door (virus is arrested within the mask) and catch the thief (generate immunity).

Findings showed that the ACE-2 was expressing on oral cavity mucosa and the receptor had been heavily enriched in tongue epithelial cells\textsuperscript{20}. COVID-19 attack nearby than those far away first to befriend a neighbour/Attack nearby than those far away.

COVID-19 patients presented subtle cotton wool spots and micro-haemorrhages along the retinal arcade before cerebral invasion\textsuperscript{21}. So we may say that virus use an ally's strategic location (retina) as a springboard to launch attack on a third party (brain parenchyma).

It should be kept in mind that patients who are admitted to the hospital with a clinical picture of massive PE without symptoms of infection during pandemic may also have COVID-19 infection\textsuperscript{22}. COVID-19 might steal the beams and pillar (thrombus in bilateral main pulmonary artery) and replace them with rotten timber (oclusion and ischemia).

Patients with inherited arrhythmia syndromes such as long QT syndrome may be susceptible to proarrhythmic effects of COVID-19 related issues such as fever, electrolyte disturbances, and use of antiviral drugs\textsuperscript{23}. COVID-19 point at the mulberry (fever/electrolyte disturbances/drugs) only to curse the locust (proarrhythmia).

Maculopapular rash over trunk, inguinal regions, arms and no fever or respiratory distress symptoms are unexpected presentations of COVID\textsuperscript{19}. Virus sometimes play dumb (atypical symptoms) although it's already been there.

Some patients with COVID-19 may show non-specific neurological symptoms, such as delirium. Compared with non-delirious patients, delirious patients are more likely to consume more hospital staff time and stay longer\textsuperscript{24}. COVID-19 could remove the ladder (neurological disorder) after the accent (long hospital staying time).

Dead-virus fragments are most likely cause false positive results for COVID-19. The test showed the presence of these fragments even weeks after making full recoveries\textsuperscript{25}. Beware of artificial blossoms of dead virus fragments cause sometimes they are no value apper.

In literature COVID-19 patients who presented with acute onset nausea, vomiting, loss of appetite and abdominal pain as a appendicitis clinical picture, but patients abdomen CT showed normal appendix with bilateral patchy peripheral lung basal consolidation\textsuperscript{26}. Pandemic could turn the guest (COVID-19) into the host (acute appendicitis).

Patients with negative nasopharyngeal swab specimen computed tomography of pulmonary angiography showed filling defect within the right pulmonary artery and along the superior vena cava by thrombi\textsuperscript{27}. Nasopharyngeal swap negativism (beauty trap) might means nothing for COVID-19 thromboembolic complications.

Those who are using chronic corticosteroids already have low mortality rates due to rheumatoid arthritis and this result maybe the reason of immune hyporeaction\textsuperscript{28}. Defenceless look of rheumatoid arthritis patients for COVID-19 is empty castle ploy cause these patients have low mortality rates.

COVID-19 infection shares similar radiological features to those of other viral pneumonia\textsuperscript{29}. COVID-19 might relax the vigilance of the enemy (similar radiological features those of other viral pneumonia) and win the enemy's (clinician wrong diagnosis) trust.

Multiorgan involvement has been apparent since the emergence of COVID-19 the rapidity of disease progression is widely influenced by the presence of comorbidities and of extrapulmonary organ injuries\textsuperscript{30}. Network of multiorgan damages (interlocking stratagems) increase the mortality.

Inf ectivity and mortality of some asymptomatic COVID-19 carriers might be weak. Effective prevention and control measures are helpful to prevent virus spread of asymptomatic carriers\textsuperscript{31}. Staying home (return when the time is right) is best and may be enough option in asymptomatic carriers to cure.

The application of the 36 stratagems is not limited to the battlefield. They can be used in COVID-19’s unexpected findings in order to not lure the tiger (clinicians) out of the mountain (accurate diagnosis).

REFERENCE

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