

156. Collateral Damage of the COVID-19 Pandemic: Work From Home Leading to Prolonged Immobilization Resulting in Massive Pulmonary Embolism Presenting as Anoxic Seizures

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Body

Background: Even though much attention is paid to collateral damage on economies during COVID-19, less studied is the collateral damage to the health of the community, which often goes unnoticed.

Case: 34-year-old previously healthy male presented to the Emergency Department (ED) with two episodes of witnessed acute onset generalized tonic-clonic seizures lasting for more than 10 minutes, and was treated as status epilepticus at the ED. The proceeding day patient had experienced several syncopal episodes, however, had not presented to hospital due to fear of contracting COVID-19. He was compelled to work from home due to the lockdown imposed at the time and had been stationary for long hours. On admission, he was hypotensive, hypoxic and had reduced level of consciousness. Electrocardiogram revealed sinus tachycardia and right ventricular strain with typical S1Q3T3 pattern. Highly sensitive troponin I and D-dimers were positive. Transthoracic echocardiogram was supportive and CT Pulmonary Angiogram confirmed large pulmonary embolism (PE) involving both main pulmonary arteries. Right lower limb venous duplex showed popliteal vein thrombosis. He was subjected to guideline based medical management with haemodynamic support followed by thrombolysis with streptokinase. He made a complete recovery following treatment. Screening for secondary causes including thrombophilia screening was negative for venous thrombosis. Initial treatment was followed by 6 months of warfarin therapy.

Discussion: This case highlights an unusual presentation of a massive PE which poses a diagnostic as well as management challenge to the physician. The aetiology of new onset seizures includes a broad differential, making it difficult to promptly diagnose. While PE is not traditionally associated with new onset seizures, it should be suspected in unstable patients.

The novel coronavirus itself is found to be thrombogenic, and several cases of PE are being reported as a direct complication of this virus. However, an indirect causal relationship is rarely described. Apart from its enormous burden on health, the worldwide impact on social, psychological, economical aspects over continents is yet to be fully acknowledged.



Figure 1. ECG showing classical S1Q3T3 pattern and sinus tachycardia.

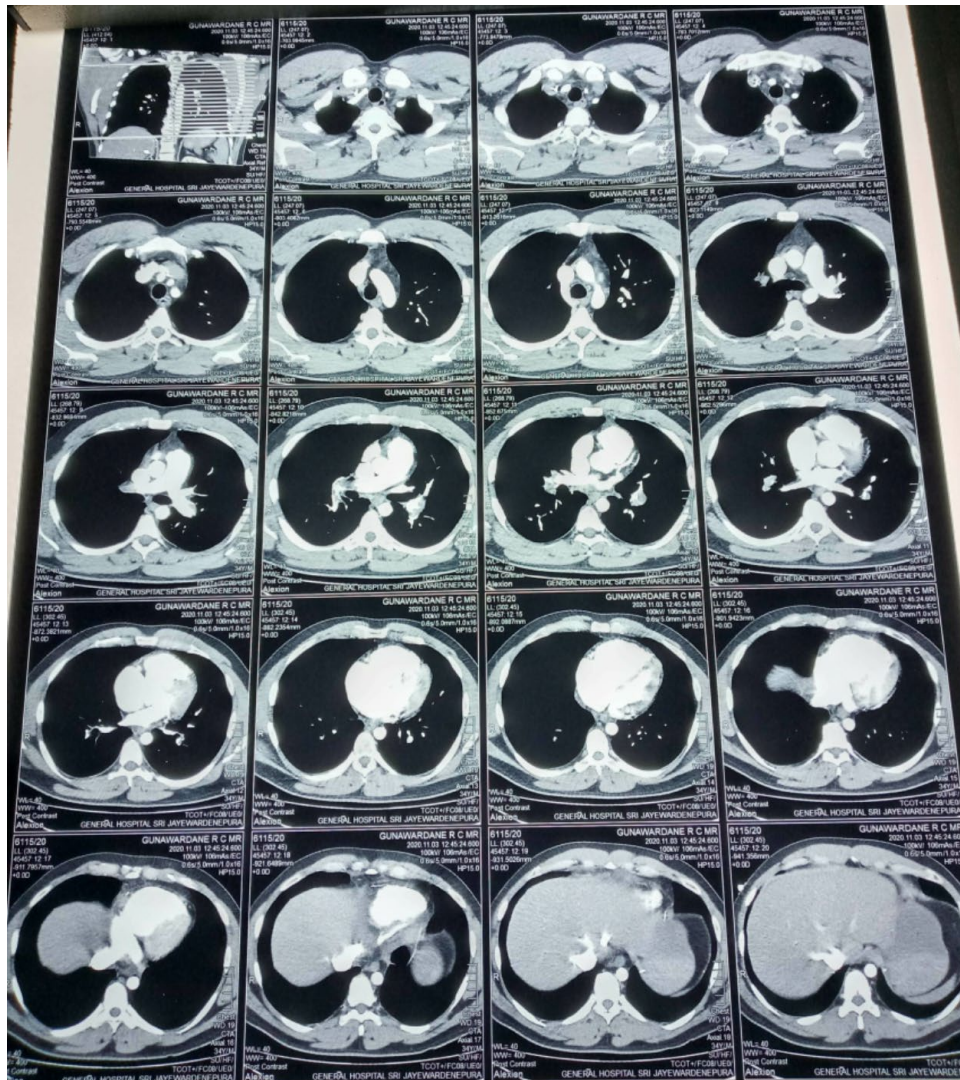


Figure 2. CT Pulmonary Angiogram showing a large pulmonary embolism involving both main pulmonary arteries, extending to lobar arteries with complete occlusion of right upper lobe artery.