Abstract

Work-from-home strategy is implemented worldwide with the aim of maintaining social distancing during Covid-19 pandemic. But unless it is well structured with an employee friendly framework, it can have various adverse effects on their health including fatal seating immobility thromboembolism. We present a case of 34 year old previously healthy male, IT sector employee who was immobilized for long hours and dehydrated at home due to Covid-19 work from home constraints, for 3 weeks, presented to emergency department with anoxic seizures due to massive pulmonary embolism. The day before the admission he had a cardiac syncope but did not present to the hospital due to fear of catching Covid-19.After extensive literature search in pub med,medline,Google scholar and Ovid , we found that this is the 1st reported case of massive pulmonary embolism as a result of Covid-19 collateral damage. The patient had hypotension, hypoxemia, and reduced level of consciousness on admission. ECG revealed sinus tachycardia, classical S1, Q3, T3 pattern and ST elevations in the right ventricular leads. High sensitive troponin I and D dimers were positive. Echo cardiogram was supportive with McConnell sign and CTPA confirmed large pulmonary embolism involving both main pulmonary arteries. Right lower limb venous duplex showed popliteal vein thrombosis. He was managed according to ESC 2019 guidelines with volume optimisation, ionotropes,anti coagulation and thrombolysed with streptokinase and had an uneventful recovery except reversible shock liver. Initial treatment was followed by warfarin. Our case report depicts the collateral damage due to immobilization following Covid-19 work from home strategies and highlights the necessity of adequate breaks for physical and psychological well being of the employees .For the clinician this atypical presentation of pulmonary embolism with seizures is a diagnostic challenge and in appropriate clinical settings it should be suspected and promptly treated which results in a dramatic reduction in mortality.