

A Case of Sheehan's Syndrome: A Rare but Life - Threatening Complication

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ABSTRACT

Hypopituitarism developing after severe post-partum haemorrhage (PPH) is called Sheehan's Syndrome. Sheehan described in 1937 developing in women after PPH. Sheehan's Syndrome though rare and still one of the commonest causes of the hypopituitarism in developing countries. Case report of a women with Sheehan's syndrome who prescribed with major features of hypopituitarism within 10 year of her delivery which was complicated by post-partum haemorrhage.

KEYWORDS: Hypopituitarism, post-partum haemorrhage, Sheehan's Syndrome

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INTRODUCTION

Hypopituitarism developing after severe post-partum haemorrhage (PPH) is called Sheehan's Syndrome. Sheehan described in 1937 developing in women after PPH.^{1, 2} Sheehan's Syndrome though rare is still one of the commonest causes of the hypopituitarism in developing countries.^{3, 4} But in developing countries, Sheehan's syndrome is a rare entity. In India Kashmir region, projected epidemiological data in 2005 showed a prevalence rate of 2.7% in 20-39 year aged women; 3.9% in 40 or above aged women.^{5, 6, 7}

Case Presentation:

A 50 year old woman presented with complaints of right side pain in hip, multiple joints pain and type 2 diabetes mellitus. She had significant past history of last delivery 10 year back which was complicated by severe post-partum haemorrhage (PPH). The patient shifted in intensive care unit & received 2 blood transfusions. Then she has not lactated and menstruation. She had developed irritability, forget fullness and diagnosed with hypothyroidism. She came with chief complaints of pain in hip and multiple joints developed after 10 year.

The physical examination of the patient was unremarkable. From past history working diagnosis of Sheehan's syndrome was made. Complete blood count, liver function test, renal function test, serum electrolytes were normal. Hormonal

profile was done and patients had low levels of TSH, FSH, LH, Prolactin and cortisol.

Hormonal profile	Observed range
TSH	0.2449 uIU/ml
T3	0.55 ng/ml
T4	4.16 ug/ml
FSH	3.57 mIU/ml
Prolactin	0.98 ng/ml
Cortisol	0.2 ug/dl
Estradiol	<10 pg/ml

Radiography of pelvis region finned, avascular necrosis (AVN) of femoral head. Diagnosis of Sheehan's syndrome was made and confirmed by MRI brain which showed empty sella turtica. Patient was put on thyronorm and oral corticosteroids.

Discussion:

Sheehan's syndrome is characterized by varying degrees of anterior pituitary dysfunction due to ischemic necrosis of pituitary gland after massive postpartum hemorrhage. It was first described by Sheehan in 1937.^{1,2}

Suggestive After 10 year she came chief complaints of right side pain in hip, multiple joints pain and type 2 diabetes mellitus. That time she has not lactated and menstruation.

She had developed irritability, forgetfulness and diagnosed with hypothyroidism. ^{3,4}

The diagnosis of Sheehan's syndrome is based on the features of hormone deficiency, a suggestive obstetric history and decreased levels of basal hormones (free T3, T4, TSH, FSH, LH, estrogen, prolactin, cortisol, and insulin like growth factor). MRI or CT of pituitary often shows empty sella turtica. Treatment involves lifelong hormone replacement therapy and it is essential to replace the hormones that the pituitary gland fails to produce. ^{5,6,7,8}

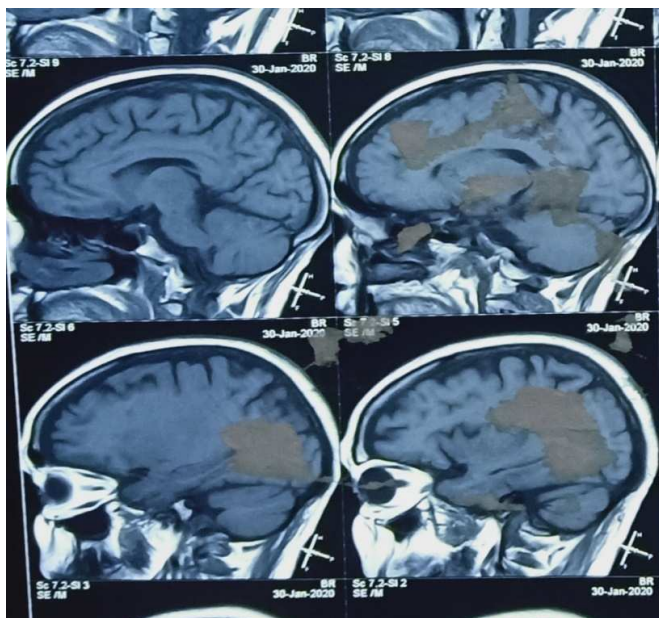


Figure 1: MRI (Sagittal section) brain of empty sella turtica.

Conclusion:

Postpartum pituitary necrosis is a known complication but is now rarely seen. Even if postpartum haemorrhage has been well managed, this complication cannot be excluded. whatever the cause and in the presence of classical signs of pituitary insufficiency. If not diagnosed early, it could cause increased morbidity and mortality.

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