Case report

Central Hypopituitarism with secondary adrenal insufficiency after postpartum hemorrhage in a 41 years old female patient

(915 WORDS / 2000 WORDS)

ABSTRACT: (102 WORDS /250 WORDS)

The case about female presented with chronic fatigue for more than 1 year with progressive weight loss and her basic blood investigations were normal and mis diagnosed as gastritis due to H-PYLORI Infection with multiple courses of antibiotics but after careful history taking a relation made between onset of her symptoms and her last complicated childbirth followed by failed lactation , so focused laboratory investigations requested to rule out pituitary infarction and secondary adrenal insufficiency which was confirmed and patient started to get the proper treatment and follow up with much improvement later on.

Keywords: Sheehan's syndrome, pituitary infarction, postpartum bleeding

Case reports should have the following sections: Aims, Presentation of Case, Discussion and Conclusion. Only Case Reports have word limits: Papers should not exceed 2000 words, 20 references or 5 figures

INTRODUCTION:

Postpartum hypopituitarism, also known as Sheehan's syndrome, is a rare condition characterized by pituitary insufficiency following childbirth [1][2]. It can manifest with various hormonal deficiencies due to pituitary damage, often leading to symptoms like lactation failure, amenorrhea, and fatigue [3]. Patients may experience complications such as congestive heart failure and severe hyponatremia, which can be attributed to impaired water excretion and inappropriately increased vasopressin levels [4]. Studies suggest that postpartum hypopituitarism can result in partial diabetes insipidus, indicating neurohypophysis damage and impaired osmoregulation of vasopressin secretion [5]. Additionally, post-trauma hypopituitarism, although rare, can occur following severe head injuries, leading to various hormonal deficiencies and necessitating hormone replacement therapy.

AIMS?????

CASE PRESENTATION: OK

41 years female p6 with history of chronic fatigue , anorexia , unintentional weight loss (79 kg to 43 kg within 1 year) ,amenorrhea and failed lactation after her complicated C.S delivery last February 2023,it was IVF pregnancy followed by C.S. delivery complicated postpartum

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Case reports describe patient cases which are of particular interest due to their novelty and their potential message for clinical practice. While there are several types of case reports, originality and clinical implications constitute the main virtues by which case reports are judged. (Ref: http://www.ncbi.nlm.nih.gov/pubmed/18677298). Case studies are an invaluable record of the clinical practices of a profession. While case studies cannot provide specific guidance for the management of successive patients, they are a record of clinical interactions which help us to frame questions for more rigorously designed clinical studies. Case studies also provide valuable teaching material, demonstrating both classical and unusual presentations which may confront the practitioner. (Ref: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2597880/). Abstract (not more than 250 words) of the Case reports should have the following sections: Aims, Presentation of Case, Discussion and Conclusion. Only Case Reports have word limits: Papers should not exceed 2000 words, 20 references or 5 figures

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hemorrhage as per the patient.
so I suspected Sheehan syndrome and requested laboratory tests to confirm my diagnosis which showed low Free T 4 and low Cortisol /IGF1, LH and FSH.

Her surgical history includes history of cholecystectomy and appendectomy before history of H pylori infection and treated in KSA, her family history was unremarkable. I referred the patient urgently to endocrine clinic where they did MRI which confirmed the diagnosis of secondary pituitary hypoplasia with secondary empty Sella, patient eventually diagnosed with secondary adrenal insufficiency and central hypopituitarism and started on cortisone replacement followed by levothyroxine and for follow up.

Discussion: OK

Sheehan syndrome is a rare but serious condition resulting from ischemic necrosis of the pituitary gland due to severe postpartum hemorrhage. The clinical presentation of this condition can be variable, often manifesting with a range of endocrine deficiencies that may be acute or develop gradually over time. The clinical suspicion of Sheehan syndrome in this patient was supported by her symptoms and was further substantiated by laboratory findings. The laboratory results revealed low levels of Free T4, cortisol, IGF-1, LH, and FSH. These findings are consistent with hypopituitarism, particularly affecting the thyroid, adrenal, and gonadal axes. The MRI confirmed secondary pituitary hypoplasia with secondary empty sella, reinforcing the diagnosis of Sheehan syndrome.

This case underscores the importance of early recognition and prompt management of Sheehan syndrome. The diagnosis should be considered in postpartum women presenting with symptoms of hypopituitarism, especially if there is a history of significant postpartum hemorrhage. Timely intervention with hormone replacement therapy can significantly improve the patient's quality of life and prevent long-term complications associated with untreated hypopituitarism.

In conclusion, this case illustrates the classic presentation and diagnostic challenges of Sheehan syndrome. Regular follow-up and monitoring are essential components of managing patients with Sheehan syndrome to ensure effective hormone replacement and to address any emerging endocrine dysfunctions.

Conclusion: ???????????????? WHERE?????

This case study emphasizes how important a thorough history is to the identification and treatment of postpartum pituitary infarction. Pituitary infarction can appear as a number of different illnesses during the postpartum period, which presents a diagnostic challenge for medical professionals. But with a thorough history that includes asking about recent childbirth, symptoms that point to hormonal dysregulation, and any relevant medical history, among other risk factors, clinicians can more successfully narrow down the differential diagnosis and move quickly toward the right diagnostic testing and treatment.

This case also highlights the significance of keeping a high index of suspicion for uncommon but

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possibly dangerous illnesses throughout the postpartum phase. In order to avoid problems and improve patient outcomes, prompt recognition and management are essential.
In conclusion, this case report emphasizes how important it is to take a thorough history when negotiating the diagnostic complexities of postpartum pituitary infarction. Healthcare professionals can improve patient care in the postpartum period and improve outcomes by quickly diagnosing and intervening when small clues in the patient's history are recognized.

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