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Sheehan's Syndrome

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A case of Sheehan's syndrome is reported here because of its rarity in occurrence in present day obstetrical practice, Mrs. K.M., a Hindu female, 27 years old came to this hospital on 20.06.98. with complaints of swelling of both lower limbs with eruptions on the leg, discolouration (brown) of hair and amenorrhoea of 6 months duration, loss of axillary and pubic hair, loss of appetite, loss of weight. During her first and only pregnancy she delivered a still born baby at 37 weeks of pregnancy on 8.11.1995. There was no lactation, she had postpartum haemorrhage and became unconscious. L.C.B. two years ago. On examination, pulse 90/min, BP 90/60mm Hg, looking with brown discolouration of hair. Heart NAD chest clear, atrophy of breast, absence of axillary and pubic hair (vide photograph 1 & 2). P/V ut. atrophic, firm, mobile, Fx.free. Genitalia atrophic (vide photograph-1). With the above findings, following investigation was done.

Investigations

Hb 8.5gm/dl, RBC 3 million/cmm, TWBC 6500/cmm, ESR-25mm/Ist hour, Sickling – negative, Blood group – 'A' positive, VDRL – negative, Toxoplasma – 32.40 EU/ml (<40.00 negative), CMV-19.20 EU/ml-negative (<18.00 normal), Rubella – 13.40 EU/ml (<15 negative).

HSV, virus simplex II, 19.10Eu/ml (negative <20),

HSV-I, 13.00EU (negative < 20), FSH – 7.700 mIU/ml.

LH-2.300 mIU/ml., Thyroxine T_3 – 0.900, Thyroxine T_4 4.400, L.E cell phenomenon – negative, TSH – 2.8, uU/ml, Serum PRL – 7.4 ng/ml, Bilirubin – 1 min. direct – 0.7 mgm/dl, 30 min. total – 0.9 mgm/dl, SGOT-32, SGPT-27, Alkaline phosphatase-142.

It was observed that patient is anaemic, no evidence of Torch infections, L.E. cell phenomenon negative, Liver function tests within normal range, FSH and LH are low. Serum PRL normal range, TSH towards lower side. Ultrasonography revealed hypoplastic uterus with anovulation with fatty changes in liver.

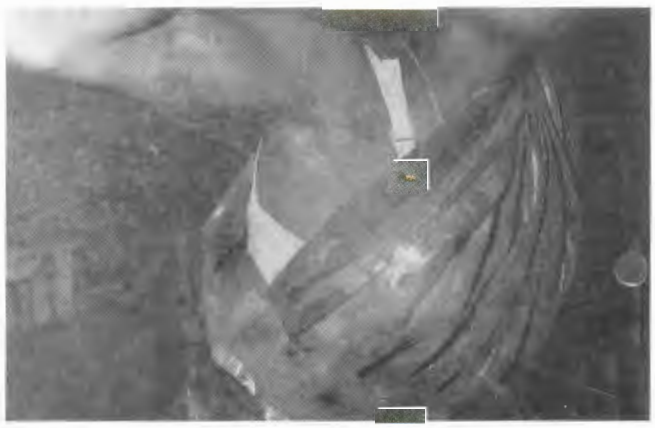

Fig. 1 : Showing Abscence of Axillary Hair

Fig. 2 : Showing Abscence of Pubic Hair Atrophic Genitalia

With the above clinical presentation, corroborated by the investigations post-partum pituitary infarction (Sheehan's Syndrome) of insidious onset was diagnosed. She was put on Eltroxin (Thyroxine, 100mcg) 1tab. daily Nuvir (Testosterone undecanoate (40mg), subsequently 1ab. Mixogen, (ethylene oestradiol 4.4mcg, methyltestosterone Mixogen, (ethylene oestradiol 4.4mcg, methyltestosterone 3.6mgm) 2 tab. daily, tab. Prednisolone 5mgm BID with multivitamin & iron. The patient had dramatic improvement. After four months she had her menstruation. Axillary and pubic hair have reappeared. Now she is on eltroxin, prednisolone and mixogen.

In primary hypothyroidism thyroxine or tri iodothyronine are normal. The only clue is an increase level of TSH, prolactin, FSH & LH are usually within normal range. Low or normal gonadotrophins, normal prolactin levels indicate pituitary insufficiency. Hyperplasia of lactotrophs (acidophilic, prolactin secreting cells) in pituitary gland in pregnancy takes place. The pituitary is more susceptible to vasoconstriction at superior hypophyseal artery in any form of hypovolaemia. This causes ischaemia, congestion and finally infarction and necrosis of pituitary causing Sheehan's syndrome.