Hypopituitarism as a consequence of snake bite is rare. However, there are a few case reports from India and adjacent South-East Asian countries. We present a case of hypopituitarism secondary to snake bite where the diagnosis was significantly delayed.

A 42 yr old gentleman presented to the OPD with a 10yrs history of generalized weakness, lethargy, coarse facial features, reduced libido, reduced socialization and depression. He had an acute illness following a snake bite 15yrs ago. He had altered sensorium and acute renal failure requiring dialysis for several days following the snake bite.

He was managed by general physicians who diagnosed hypothyroidism and commenced levothyroxine. His symptoms persisted, for which his levothyroxine dosage was reorganized many times and multivitamins prescribed. Review of the original TFTs were consistent with secondary hypothyroidism, which had been overlooked over the previous 10 years. (Table 1)

Further investigations done on presentation revealed results as per Table 1 & 2.

Pituitary MRI Scan revealed an ‘Empty Sella’. Hypopituitarism was diagnosed and he was immediately commenced on Hydrocortisone 10-5-5mgs. His thyroxine requirement was assessed and dosage was fixed accordingly. He was started on Testosterone gel, later on changing to Testosterone Depot injections 10 weekly. His symptoms improved significantly over a few weeks. DEXA bone scan revealed severe osteoporosis which later on improved with testosterone replacement.

The type of snake bitten determines the symptoms and signs of envenomation. Viper bites are venomous and cause altered sensorium, coagulopathy, internal bleeding, hypotension, tachycardia, renal and respiratory failure.

Earlier it was believed that snake bites led to haemorrhagic necrosis of the pituitary. But later studies have also favoured damage by intravascular coagulation which was further supported by fibrin deposition and micro-haemorrhages at autopsy. Our patient’s symptoms were consistent with a viper bite. His hypopituitarism and secondary hypothyroidism remained undiagnosed leading to physical and mental suffering for more than 10yrs. We suspect that the patient developed pituitary apoplexy and chronic hypopituitarism resulting from the snake bite.

Endocrinologists and treating physicians should have a low threshold to suspect hypopituitarism in patients with history of snake bite in these regions.