



## INTRODUCTION

Sheehan's syndrome (SS) is a cause of partial or total hypopituitarism that occurs after postpartum pituitary infarction, in the context of serious bleeding and/or hypotension. With the advancement of obstetric care, it has become a rare disease in developed countries, but its prevalence may be underestimated. Clinical presentation is dependent on the severity of hormonal deficits, is often nonspecific and many women may be asymptomatic for years. These reasons contribute to a delay in diagnosis and in treatment of a significant cause of morbidity and mortality in affected women.

## CLINICAL CASE

We report a case of a 32 years old woman sent to endocrinology consultation because of hypogonadotropic hypogonadism.

### Past history

Menarche at 11 years with regular cycles, two pregnancies, a normal delivery without complications (17 years) and a miscarriage at 8 weeks gestation (28 years).

After the miscarriage, she was hospitalized with anaemia and needed blood transfusions. She's amenorrheic since the miscarriage.

Currently, she's asymptomatic and desires another pregnancy.

On physical examination, highlight for a low BMI (17kg/m<sup>2</sup>).

### Complementary diagnostic examinations:

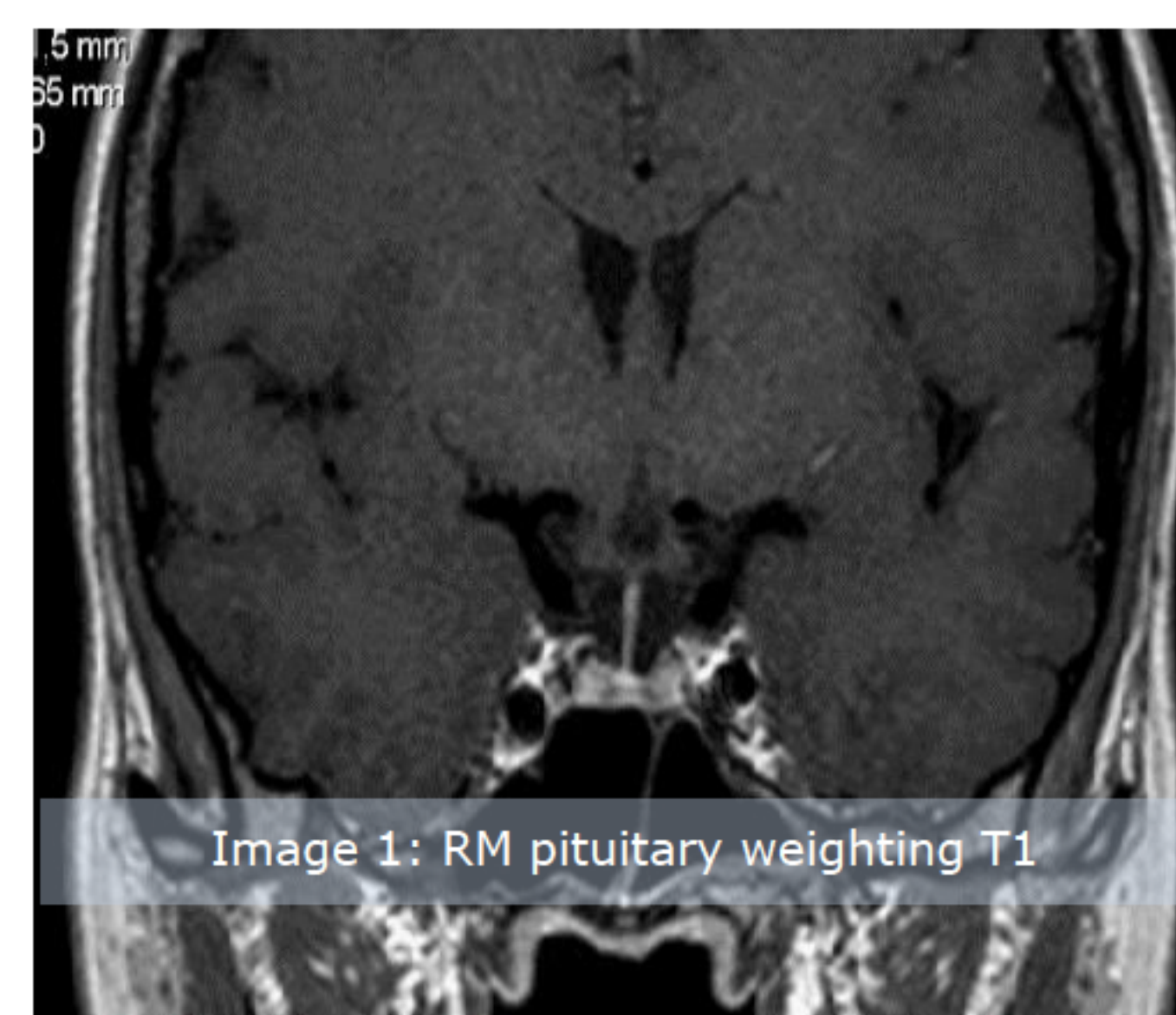
Analyses were compatible with hypogonadotropic hypogonadism. TSH presented inappropriately low to thyroid hormone levels, and somatomedin levels were below the normal range.

Insulin induced hypoglycemia reveals normal response of cortisol and growth hormone.

Pituitary MRI revealed a concave gland with lower dimensions than expected for her age. (picture 1 and 2)

She was treated with levothyroxine 50mcg/day and oriented to assisted reproductive consultation.

	Results	N
FSH (mUI/mL)	1,08	Follicular phase: 2.5 - 10.2 Mid-cycle: 3.4 - 33.4 Luteal Phase: 1.5 - 9.1 Pregnancy: <0.3 Postmenopausal: 23.0 - 116.3
LH (mUI/mL)	< 0,07	Follicular phase 1.9-12.5 Mid-cycle 8.7-76.3 Luteal phase 0.5-16.9 Pregnancy <0.1-1.5 Postmenopausal 15.9-54.0 Contraceptives:0.7-5.6
Estradiol (pmol/L)	63,89	Follicular phase: 71.6 - 529.2 Mid-cycle: 234.5 - 1309.1 Luteal phase: 204.8 - 786.1 Menopause: <118.2
TSH (uUI/mL)	0,946	0.358-3.74
FT4 (ng/dL)	0,68	0.76-1.46
FT3 (pg/ml)	1,88	2.18-3.98
TPOAb (UI/mL)	<10,00	< 35
TgAb (U/mL)	<20,00	<40
Prolactin (ng/mL)	4,67	Non pregnant: 2.8-29.2 Pregnant: 9.7-208.5 Postmenopausal: 1.8-20.3
Somatomedin (ng/mL)	110	115-307
ACTH (pg/mL)	19,7	<46
Cortisol (ug/dL)	13,6	4.3 - 22.4
Testosterone (ng/dL)	< 10,00	14 - 76
DHEA-SO4 (ug/dL)	70,50	35-430
Androstenedione (ng/mL)	1,13	0.3-3.3



## DISCUSSION

The patient presented corresponds to a case of hypopituitarism due to probable pituitary infarction after abortion. We emphasize the importance of the evaluation of pituitary function in women with childbirth history associated with significant blood loss, even several years after the episode.

## REFERENCES

- Ramos-López L. *et al*, Sheehan's syndrome after obstetric hemorrhage, 61(10):575-8, Dec 2014  
 Diri, H. *et al*, Extensive investigation of 114 patients with Sheehan's syndrome: a continuing disorder, 171(3):311-8, Eur J Endocrinol, Sep 2014  
 Snyder, P.J., Diagnosis of hypopituitarism, Uptodate, last updated: May 06, 2014  
 Ramiandrasoa C. *et al*, Delayed diagnosis of Sheehan's syndrome in a developed country: a retrospective cohort study, Eur J Endocrinol., 169(4):431-8, Sep 12, 2013  
 Kilicli F. *et al*, Sheehan's syndrome, Gynecol Endocrinol. 29(4):292-5, Apr 2013  
 Kristjansdottir HL, Sheehan's syndrome in modern times: a nationwide retrospective study in Iceland, Eur J Endocrinol., 164(3):349-54, Mar 2011

