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A diagnosis to consider

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Background & Aim: A 35 year old woman, arrived to our clinic after changing primary care physician for the 4th time because nobody pays attention to her. The patient reported being extremely tired from seven years ago, just coinciding with the birth of her last child. Since then she had several diagnoses: postpartum depression, anxiety and even fibromyalgia. None of the treatments she has done was effective. She refers has not suffered any major illness, and only refers that she had a complicated delivery 7 years ago. After that it roses no milk, and then she had menstrual disorders and underarm (armpit) hair loss.

Method: Personal history: no drug allergies. No cardiovascular risk factors, or toxic habits. Her only history of interest was a complicated delivery 7 years before, after that menstrual disorder, marked asthenia and malaise. Physical examination: Good general condition. We request a blood count and biochemistry, including liver function. VSG: 16, total cholesterol 319, triglycerides 104, HDL 77, TSH 2.52, T4 0.49, FSH 6.4, LH 2.5, PRL 8.8. Normal urine, including cortisol urine 24h. It was requested a cranial TAC where it was found an image of pituitary empty sella. She was referred to internal medicine consultation to complete the study with a resonance. Cranial MRI: The pituitary is crushed on the floor of the sella, herniation of the suprasellar cistern. Compatible with empty sella.

Results: With the analytical and NMR (test of choice) Sheehan Syndrome was diagnosed. She was treated with 20mg daily hydrocortisone, returning to normal cholesterol levels and symptoms disappeared asthenia and malaise, without requiring further action.

Conclusions: Postpartum pituitary necrosis or Sheehan syndrome is the infarction of the pituitary gland secondary to postpartum hemorrhage. This is a rare syndrome and its symptoms depend on the effector gland dysfunction, which can delay diagnosis years.