v. 2, n. 68, 2022

International Journal of Health Science

SHEEHAN'S SYNDROME CASE REPORT

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Abstract: Sheehan's Syndrome (SS) results from pituitary necrosis due to massive uterine hemorrhage at delivery with hypotension and shock. With the advancement of obstetric care, it has become uncommon in developed countries. The clinical picture varies, being acute or chronic, with complete or partial hypopituitarism. Soon after delivery, the woman may experience lactation failure and amenorrhea. Deficiency of growth hormone (GH), gonadotropins (LH and FSH), corticotropin (ACTH) and thyroid stimulating hormone (TSH) is common. The initial manifestations are subtle and the initial diagnosis difficult, becoming late: between 6-30 years after the obstetric event, as in the following clinical case. The objective of this study was to report a case of panhypopituitarism with an evolution of more than 20 years and to inform about the disease, which can contribute to the diagnosis of similar cases. This is a female patient, 59 years old, mixed-race, retired rural worker, hospitalized with a complaint of slowed speech and thinking, periods of mental confusion, difficulty walking for a week, with worsening in the 4 days prior to admission. A condition associated with hyporexia, asthenia, fatigue, two episodes of hypoglycemia within 30 days and four falls from standing height in the last year. Obstetric history of hemorrhage in the last delivery. On physical examination, she had a regular general condition, disoriented in space, slowed thinking and speech, drowsy, mucosal skin pallor (3+/4+), hydrated, Glasgow 14, HR: 78 bpm, RR: 18 bpm, BP: 150/90 mmHg, SatO2 85% in AA. Neurological: Achilles reflexes absent bilaterally and hypoactive in the others. No appendicular motor deficit. Laboratory tests showed hyponatremia (116 mmol/L), normocytic anemia, normal TSH (1.052 IU/ml), low free T4 (0.45 ng/dl), low ACTH (7.9 pg/ml), low FSH (7.9 mIU/ml) and Low Cortisol (3.0 mcg/dl). The computed tomography of the skull was within the limits of normality, the magnetic resonance of the skull is the gold standard exam, however it was not performed due to the unavailability of the service. Given the reported obstetric history, the main hypothesis for this patient's panhypopituitarism is SS. The disease is rich in symptoms, with variable clinical presentation depending on the degree of involvement of the adenohypophysis, due to this, its diagnosis tends to be late, which causes a lot of damage to women's health. Thus, the clinician must be aware of the signs and symptoms of postpartum pituitary deficiency, especially in women with intrapartum complications. Treatment consists of adequate replacement of all deficient pituitary hormones, taking into account the need for individualization for each patient.
Keywords: Sheehan syndrome, hypopituitarism, hemorrhage, postpartum.

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