Difficultés diagnostiques du syndrome de sheehan dans le contexte des urgences

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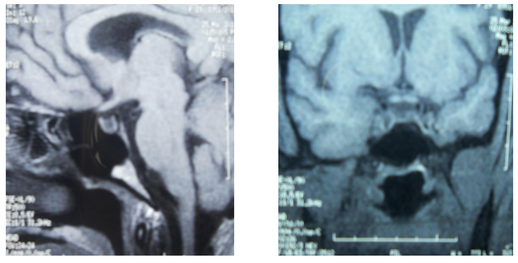
BACKGROUND

- Sheehan Syndrome (SS) is a rare but potentially serious complication of post-partum hemorrhage.
- While most cases are diagnosed based on subtle symptoms, a minority has a more acute and potentially lethal form.
- We present the cases of 3 women with rare clinical presentations in order to keep in mind the SS diagnosis in women with a history of post-partum hemorrhage and to discuss the physiopathology behind this unusual presentations.

PATIENT 1

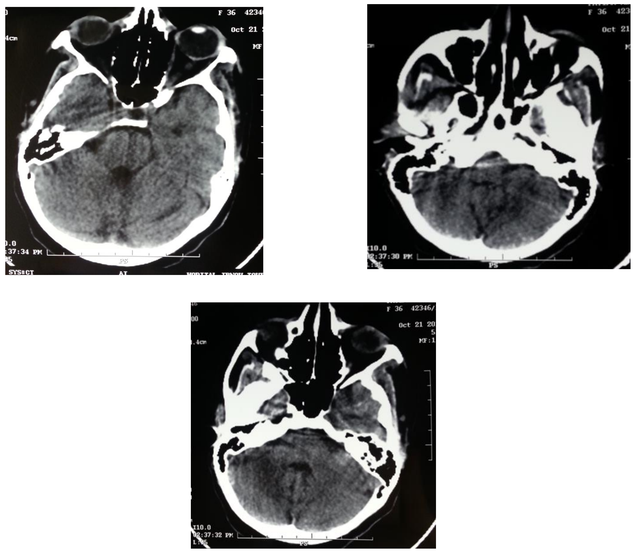
- A 29 year old patient, with no significant medical or surgical history,
- was admitted to the intensive care unit with admitted for an acute adrenal insufficiency associated with myxedema.
- Immediate care involved vascular expansion with colloids via a central venous catheter and hormonal substituition.
- She had suffered a post-partum hemorrhage 5 years ago and have had lactational failure and hypoglycemic crisis. The medium-term evolution was marked by prolonged amenorrhea, fatigue and apathy.
- the initial evaluation at our department found a cerebellar syndrome with dysarthria and balance disorder as well as a peripheral neurogenic syndrome In the light of this clinical picture, Sheehan's syndrome was suspected and confirmed by a pituitary and cerebral MRI which showed an empty sella(figure1).
- Hormone profiles including cortisol, thyroid hormones, TSH, FSH, LH and prolactin were all low as a result of panhypopituitarism: cortisol: 42ngmol/l, plasma prolactin <5 ng/ml, TSH : 1,62UI/ml, T4: 3,47pmol/ml FSH: 5,85 UI/ml, LH: 4,09UI/mlThe patient was given replacement therapy in the form of hydrocortisone 100mg, then 50mg/6h Until clinical improvement and oral route at a dose of 40mg per day and levothyroxine 100mg per day .
- She improved and on follow-up over a period of 2 months, the cerebellar syndrome completely reversed, the evolution was favorable.



MRI Patient 1

PATIENT 2

- 36 female patient who suffered from postpartum hemorrhage eight months ago.
- presented with generalized tonic-clonic seizures with vomiting and abdominal pain.
- the history was significant for: agalactia as well as amenorrhea and a severe asthenia with a progressive weight loss of 20 kg in the absence of any signs of intracranial hypertension or visual loss.
- Symptoms got worse five months later and the patient begun to suffer a week before her admission at the hospital from many stereotyped convulsive seizures.
- The clinical examination found a confused patient, hypotensive and bradycardia with hypoglycemia at the POC.
- The laboratory workup confirmed the hypoglycemia. Hyponatremia and hyperkaliemia with good kidney function.
- CBC and CRP confirmed a pulmonary infection found on radiologic investigation
- The CT scan performed at the emergency department found a sellar arachnoid cyst .
- The hormonal investigation confirmed the Sheehan syndrome: TSH-us 3 mUI /L, free T4 4.2 ng/L, cortisol 0.96 mg/L, FSH 18.49 IU/L, LH 4 IU/L and estradiol 48pg/ml.



CT Scan Patient 2

PATIENT 3

- A 46-year-old woman was admitted to our department for hormonal workup after a cardiac arrest complicating a profound hypoglycemia that was managed at the emergency department.
- After recovery, Initial evaluation found a severe hypoglycemia, hyponatremia and hypokalemia. Electrocardiogram revealed prolonged QT interval. Due to the past history of post-partum hemorrhage, the patient was suspected of having pituitary insufficiency.
- She had a history of weakness and fatigue after postpartum haemorrhage that have occurred 16 years ago with agalactia and normal menstruations initially ad amenorrhea 2 years later.
- Unfortunately, she was not diagnosed with Sheehan's syndrome and did not receive sufficient professional treatment due to the limited medical resources in her hometown.
- Hormonal work up confirmed corticotroph, thyroid and lactotroph deficiencies.
- A small pituitary gland was found by magnetic resonance imaging (MRI).
- The patient was started on hormonal replacement therapy. She responded well and was discharged home.

CONCLUSIONS

- The diagnosis of Sheehan's syndrome is established with the help of medical history and physical finding. Specific symptom of pituitary insufficiency would help the practitioner to diagnose this rare
- However, Acute and unusual presentations are well known in the literature even if they are rare.
- Neurologic disturbances, cardiac abnormalities or others are usually the consequences of profound and recurrent hypoglycemia or hydroelectric imbalances.
- The Identification of such patients affected at the emergency department is difficult but is critical to avoid delays management.
- Appropriate replacement therapy is able of yielding complete remission of symptoms even the cerebellar syndrome.