



Particularités du syndrome de Sheehan dans le contexte Marocain : A travers une série de cas

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BACKGROUND

- Sheehan Syndrome (SS) is defined as post-partum hypopituitarism due to pituitary necrosis secondary to a massive bleeding.
- The frequency of SS has decreased in developed countries resultin of obstetrical care improvements
- However it is still a serious problem in developing countries.
- SS is a very significant cause of maternal morbidity and mortality in developing countries
- The delay in diagnosis is a commonly reported problem in the literature . However, the acute presentations have also been described
- The aim of our study is to investigate the initial clinical and laboratory finding in patients diagnosed with Sheehan syndrome.

PATIENTS AND METHODS

- we reviewed 15 cases retrospectively who were diagnosed and followed as SS in our clinic from 2010 to 2015.
- The demographic data, clinical findings, endocrinological investigations, pituitary MRI or CT scan were recorded from the hospital files
- The GH testing and dynamic testing were not available
- The criteria adopted for the diagnosis of SS:
- 1- history of post-partum hemorrhage and/or post-partum failure of lactation and/or secondary amenorrhea
- 2- varying degrees of loss of pituitary hormones reserves
- 3- exclusion of pituitary mass lesion and/or empty sella on MRI
- Statistical analysis was performed using SPSS for windows (version 11). Results were expressed as mean \pm SD. Qualitative variables were expressed as percentage.
- The hormonal work-up was performed on different kits ans methods. The diagnosis of insufficiency was based on the laboratory normal values

CONCLUSIONS

- SS is still a common problem in our country, especially in rural areas. Considering the duration of disease, important delays occur in diagnosis and treatment of the disease.
- If not diagnosed early, it could cause increased morbidity and mortality. Almost half of our cases were diagnosed at the emergency department where the identification of patients is critical.
- The main problem of diagnostic delay of SS has been explained by the unnoticed symptoms, however our cases have all earlier specific symptoms but was not diagnosed such as SS. Awarness and prevention policies should be conducted in our population and among GP.
- The most important clues for diagnosis of Sheehan's syndrome are lack of lactation and failure of menstrual resumption after a delivery complicated with severe hemorrhage.

RESULTS

	Cases=15
Age (y.o/SD)	36+/-2.3
Onset of disease (y)	4.8
BMI	28.5+/-3.6
Acute presentation	7/15
Delivery information	NA

Table1: General characteristics

	Cases=15
pubic and axillary hair depilation	12/15
Dry skin	13/15
pallor	8/15
Vaginal atrophy	4/15
Slow reflexes	5/15
Mammary gland atrophy	6/15
myxoedema	6/15
Cognitive changes	5/15

Table 4 : Clinical examination

	Cases=15
Non specific symptoms	15/15
Asthenia	15/15
Loss of wight	4/15
agalactia	7/15
Menstruations abnormalities	15/15
Constipation	8/15

Table2: Clinical symptoms

	Cases=15
Hyponatremia	8/15
Hyperkalemia	3/15
anemia	8/15
Leucopenia or thrombopenia	0/15
hypoglycemia	10/15

Table 4 : hydroelectrical abnormalities

Profile of hormonal insufficiencies

	Cases=15
Corticotroph insufficiency	15/15
hypothyroidism	13/15
hypogonadism	14/15
Lactotroph insufficiency	6/15

