Particularités du syndrome de Sheehan dans le contexte Marocain : A travers une série de cas S.BAKI, N.EL OUARRADI, G.EL MGHARI, N.EL ANSARI University Hospital Mohamed VI, Arrazi Hospital, Marrakech, Morocco Marrakesh Faculty of Medicine, Cadi Ayyad University



BACKGROUND

- Sheehan Syndrome (SS) is defined as post-partum hypopituitarism due to pituitary necrosis secondary to a massive bleeding.
- The freauency 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 reserve
- 3- exclusion of pituitary mass lesion and/or empty sella
- Statistical analysis was performed using SPSS for w Results were expressed as mean ± SD. Qualitative vari 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



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	Cases=15	
Age (y.o/SD)	36+/-2.3	
Onset of disease (y)	4.8	
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Acute presentation	7/15	
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nformation		
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Table1: Gener	al characteristics	
Cases=15		
pubic and axillary	12/15	
hair depilation		
Dry skin	13/15	
pallor	8/15	
Vaginal atrophy	4/15	
Slow reflexes	5/15	
Mammary gland	6/15	
myyoodoma	6/15	
Cognitivo changes	5/15	
cognitive changes	2/12	
Table 4 : Clinical examination		

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Vaginal atrophy	4/15	hypogonadism	14/15									
Slow reflexes	5/15	Lactotroph	6/15		ACTH+PRL+TSH+FSH/LH	ACTH+PRL+TSH+FSH/LH	ACTH+PRL+TSH+FSH/LH	ACTH+PRL+TSH+FSH/LH	ACTH+PRL+TSH+FSH/LH	ACTH+PRL+TSH+FSH/LH	ACTH+PRL+TSH+FSH/LH	ACTH+PRL+TSH+FSH/LH
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S 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



