

A Case of sheehan syndrome presenting with acute coronary syndrome: A case report

Norjan H. Ladja

Zamboanga Doctors' Hospital Inc, Philippines

Sheehan's syndrome is a form of post-partum complication where pituitary gland necrosis occurs as a result of sudden large volume blood loss during or after delivery. In this case report, index patient presented with chest pain, easy fatigability and dyspnea. The patient was managed as a case of acute coronary syndrome with positive troponin I. On the 3rd day of hospitalization, no clinical improvement noted warranting further work up and deeper review of history and physical examination. Suspicions for the involvement of pituitary gland was include when upon review of history, the patient presented with complains of amenorrhea, agalactorrhea, sparse thin hair and persistent hypotension. Serum cortisol, low thyroid hormones, hypoglycemia and pituitary magnetic resonance imaging were obtained supporting the diagnosis of Sheehan's syndrome with acute coronary syndrome.

Introduction: Post-partum pituitary gland necrosis (Sheehan's syndrome) occurs due to significant blood loss during or after delivery. The loss of blood decreases supply to the pituitary gland leading to necrosis of the trophic tissues with subsequent loss or reduction in pituitary hormone production. The pituitary gland is involved in the regulation of various other hormones [1]. It is divided into 2 lobes, the anterior lobe which produces the following hormones; GH, ACTH, FSH, LH, PRL, and TSH and the posterior lobe which produces the ADH and oxytocin. In Sheehan's syndrome, the most commonly affected is the anterior pituitary. Hence, any necrosis or presence of tumor in the gland may affect hormone regulation and production. Hormones that regulate lipid metabolism and myocyte contractility are likewise affected. Thus, patients with Sheehan syndrome may present with acute chest pain due to multihormone deficiency.

Case presentation: A 45 years old female, G9P8 (9018) with a history of caesarian delivery consulted due to episodes of chest discomfort for 3 days which was described as anterior chest tightness and squeezing in character with a pain scale of 7/10 hindering her daily activities. Radiation of pain to the left arm and jaw was also reported. Associating symptoms of progressive body malaise for 1 month, loss of appetite, and loss of interest in doing daily activities at home compounds the present illness. Pertinent physical examination findings include pale conjunctivae, pallor skin with sparse thin hair, grade II bipedal edema, and bibasal fine crackles. The patient was eventually admitted and managed as a case of acute coronary syndrome with nitrates, beta blockers and antiplatelet medications. Troponin I was positive, NT-proBNP was elevated, and 12 lead ECG revealed diffuse T-wave inversion.

Conclusion: Sheehan syndrome is a consequence of pituitary necrosis following heavy bleeding during or after delivery. It can present with various non-specific symptoms such as fatigue, anhedonia or menstrual cycle abnormalities. Rare manifestations include Levothyroxine 100mcg once a day to address secondary hypothyroidism was continued after initiation of hydrocortisone to prevent adrenal crisis since levothyroxine are hypercatabolic hormone replacement. Hormones replaced in our index patient are tailored to her age, fertility status and accessibility as well as affordability to ensure compliance to medications.