

Sheehan's Syndrome Misdiagnosed as Early Menopause: A Case Report

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Abstract

Background: During late pregnancy the pituitary gland enlarges due to lactotroph hyperplasia and increased hormonal demands which makes it vulnerable to ischemia. Consequently, severe postpartum haemorrhage may lead to ischemic necrosis of the enlarged gland, resulting in Sheehan's syndrome, a rare but under-recognized cause of panhypopituitarism.

Case Presentation: A 40-year-old female presented to the endocrinology department with progressive hypoglycemic attacks, fatigue and weakness. The patient had a history of postpartum hemorrhage after her last childbirth, failure to lactate, and secondary amenorrhea since her delivery 10 years ago. Due to these symptoms, the patient was previously misdiagnosed with early menopause. On examination, the patient was found to be hypotensive. Laboratory investigations including hormone assays and an electrolyte panel, as well as pituitary MRI, were requested.

Results and Management: The patient's laboratory findings revealed that her electrolytes were within normal range, and her hormone assays were consistent with panhypopituitarism (low cortisol, ACTH, prolactin, estradiol, LH, FSH, free T4, and inappropriately normal TSH). The patient's pituitary MRI revealed an empty sella and her DEXA scan confirmed severe osteoporosis. The patient was diagnosed with Sheehan's syndrome and was started on hydrocortisone replacement therapy followed by levothyroxine but refused to receive hormone replacement therapy (HRT). The patient was also started on teriparatide, calcium, and vitamin D. At the 3-month follow-up visit the patient reported symptomatic relief with a complete resolution of hypoglycemic episodes and was found to have normal blood pressure.

Conclusion: The combination of postpartum haemorrhage, lactation failure, and secondary amenorrhea in relatively young women mandates pituitary evaluation rather than attribution to early menopause, as a delayed diagnosis of Sheehan's syndrome could lead to recurrent hypoglycaemia, adrenal insufficiency and irreversible skeletal complications.