

Sheehan's syndrome: Presented with hyponatremia and hypoglycemia after 14 years from delivery

Sir,

Sheehan's syndrome (SS) is postpartum pituitary necrosis due to bleeding and hypovolemia.^[1] According to the degree of damage to the pituitary, the symptoms may occur immediately or later. The main symptoms are loss of libido, cessation of lactation, and secondary amenorrhea.^[2] The first sign of symptoms may associate with hypoglycemia and hyponatremia. There are reports that it is a relatively common cause of hypoglycemia and hyponatremia. SS should be considered in the differential diagnosis of hyponatremia and hypoglycemia.^[3]

A 49-year-old woman was admitted to our clinic with weight loss, nausea, and vomiting. We learned that curettage had been performed because of stillbirth and total abdominal hysterectomy had been performed because of excessive bleeding 14 years ago. Hypoglycemia and hyponatremia were detected. Hormone profiles including cortisol, plasma ACTH, thyroid hormones, TSH, FSH, LH, and prolactin were all low. SS was suspected and confirmed by a pituitary and cerebral MRI which showed an empty sella turcica. We diagnosed pituitary insufficiency and started essential hormone replacement treatment. The patient's clinical picture improved dramatically after hormone replacement therapy.

It is difficult to determine the real incidence of SS because of geographic and racial differences.^[4] We want to highlight the fact that Sheehan's is seen not only in developing countries, but also in Europe. SS may manifest long after the delivery with hypoglycemia and hyponatremia like our case.

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Access this article online	
Quick Response Code:	Website: www.ijem.in
	DOI: 10.4103/2230-8210.93783

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