# Almost Two Decades Without Diagnosis : Sheehan Syndrome

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## Introduction

Every year, around 14 million women suffer from postpartum hemorrhage, according to the World Health Organization (WHO) . A total blood loss of 1,000 mL or more with concomitant hypovolemia within the first 24 hours after giving delivery is characterized as postpartum hemorrhage .
A serious hemorrhage is defined as a blood loss of more than 3,000 milliliters . Although postpartum hemorrhage can be lethal , it has been on the decline for the past two decades. The decrease in mortality has resulted in a surge in the recognition and diagnosis of Sheehan's Syndrome **(SS)** , an uncommon consequence of postpartum hemorrhage [1]. .

## Sheehan's Syndrome

Harold Leeming, a British Pathologist,was the first to Recognize it in 1937. is a long-term health problem that affects women who have had a postpartum hemorrhage and is characterized by varying degrees of Pituitary hormone imbalance produced by the pathological process of pituitary gland necrosis following the hemorrhage [2].

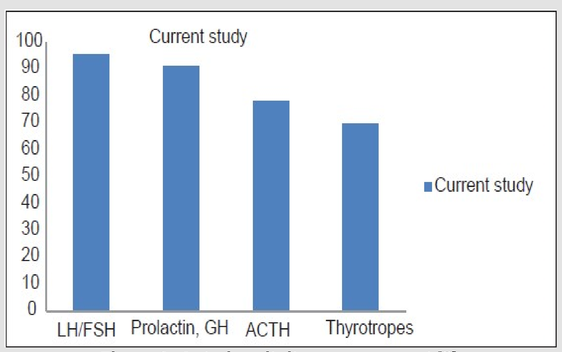


**Figure 1: Anterior pituitary assessment** [3].

## Case Presentation

We describe the case of a 45-year-old Ethiopian woman , presented to the emergency department of our hospital on **February 18, 2020**, with a complaint of generalized fatigue for **18 years** and worsening abdominal pain , vomiting , and diarrhea of 1 month duration.The history dated back 18 years to the birth of her seventh child in home delivery, following which she experienced excessive vaginal bleeding which progressed to anorexia , nausea , vomiting, diarrhea, and abdominal pain of 6 years' duration, for which she was treated symptomatically throughout these years , she had associated weight loss , anorexia , dizziness , cold intolerance, myalgia, arthralgia, and progressive loss of axillary and pubic hair. Complete clinical evaluation, endocrine studies, and **pituitary magnetic resonance** scan revealed **hypopituitarism** secondary to Sheehan's syndrome . She had significant improvement noted following the commencement of hormone replacement therapy [4].

## Diagnosis

To diagnose Sheehan's, doctor likely will :

- Compile a comprehensive medical history. It's Critical to report any Issues you've had during childbirth.
- Run blood Test . Your pituitary hormone levels will be checked.
- Pituitary Hormone Stimulation Test . You may need pituitary Hormone Stimulation Testing, which is injecting hormones and repeating blood Tests to evaluate how your pituitary reacts.
- Imaging Testing. Imaging studies, such as **MRI** or **CT** scan, may be required [6].

## Pathophysiology of Sheehan Syndrome

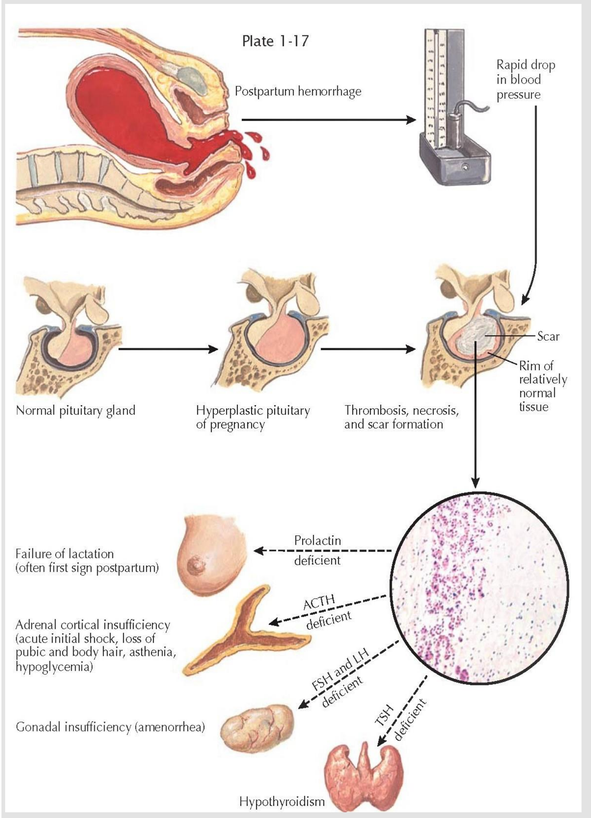


**Figure 2: Pathophysiology of sheehan syndrome**

## Mangment

Sheehan's Syndrome is treated with long-term hormone replacement therapy. One or more of the drugs listed below:

- Corticosteroids.
- Levothyroxine.
- Estrogen.
- Growth hormone.
- Fertility hormones [6].

## Conclusion

We discuss SS , which is postpartum hypopituitarism caused by pituitary infarction and necrosis . SS is caused primarily by a substantial postpartum hemorrhage after labor .
manifest with , abdominal pain, vomiting, and diarrhea, anorexia, nausea, vomiting, weight loss, myalgia, arthralgia, and loss of axillary and pubic hair , menstrual irregularities.
To replace the hormones that are missing in Sheehan's syndrome, lifelong hormone replacement treatment is used.
( Corticosteroids,Levothyroxine,Estrogen ,Growth hormone).

## References

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