A case of hypopituitarism secondary to hypotension resulting from intrauterine sepsis

S R Chowdhury[1], M D Page[2]
[1] University Hospital of Wales, Cardiff
[2] Royal Glamorgan Hospital, Llantrisant

Case History:
A 33 year old lady reviewed at 21 weeks of pregnancy following membrane rupture was discharged with advice of bed rest. Two weeks later she was admitted with foetal demise complicated by intrauterine sepsis and DIC. She was nursed on ITU for 48 hours following termination of pregnancy and her blood pressure ranged from 85/47-89/50 mmHg on admission. There was no substantial pervaginal blood loss. Management included FFP, cryoprecipitate, two-units of blood and inotropes. Subsequently she presented with a two-month history of weakness, dizzy spells, night sweats, hot flushes, secondary amenorrhoea and absence of galactorrhoea. She denied polyuria and polydipsia. She was G8P4 with history of one miscarriage and two terminations of pregnancies. Past medical history revealed treated depression. On admission there was no postural drop and neurology was intact.

Investigations and method:
Full blood count, renal and liver functions were normal. Baseline endocrine test showed a random cortisol – 59 nmol/L, ACTH - 15.8 ng/L, TSH – 3.4 mU/L, free T4 – 7.2 pmol/L, LH – 0.7 U/L, FSH – 3.7 U/L, Oestradiol <60 pmol/L, IgF1 – 18.3 nmol/L and Prolactin – 362 mU/L.

Results and treatment:
The pituitary gland and infundibulum were normal in morphology and enhancement on MRI. She had a Short Synacthen Test later off steroids showing a 30 minute level of 109 nmol/L. GHRH/Arginine infusion test confirmed adequate Growth Hormone reserve and Water Deprivation Test was normal. She was started on Hydrocortisone-20/10mg and Thyroxine 100mcg and given a steroid card. She is currently on Hydrocortisone, Thyroxine and Prempak C.

Conclusions and points for discussion:
Hypopituitarism following postpartum blood loss is well recognised. However, the aetiology in our patient was hypotension secondary to sepsis rather than haemorrhage. Pituitary infarctions secondary to haemodynamic changes occurring during CABG have been previously reported. We are unaware of any reported case of hypopituitarism secondary to hypotension from sepsis and DIC which is a condition that is not well described and less commonly perceived in routine clinical practice.