

BACKGROUND: Sheehan's syndrome (SS) is a necrosis of the pituitary gland which results from severe intra- or post-partum haemorrhage. Clinically, SS presents with varying degrees of pituitary failure including secondary infertility. Spontaneous conception in SS is difficult or rare as the case may be. Women with SS seeking conception may have to resolve to assisted reproductive technology (ART). Use of ovum donation in solving this problem appears to have received little attention.

We report a case of SS resulting in panhypopituitarism in whom successful pregnancy was achieved through egg donation. A 35-year-old woman with chief complaints of inability to conceive was referred to our endocrine services, as P2+1. Her last pregnancy 3 years earlier was associated with difficult delivery. She had emergency caesarean section and was transfused with several units of blood. Following delivery, she failed to lactate which was followed by development of easy fatiguability, loss of axillary and pubic hair, persistent amenorrhea and inability to conceive. She admitted to a history of cold intolerance and constipation. Physical examination showed a woman looking much younger than age. Her face was rather full. Axillary and pubic hair was sparse. Pulse was regular with rate of 88 beats per minute and blood pressure of 160/120mmHg. Her external genitalia were normal. Lab work up showed HB of 11.5 (12.5-14.5)g/dl. Fasting plasma glucose, electrolytes, urea and osmolality were within normal limits. Results of basal hormonal test were as follows: Thyroid hormones were low: T3-2.3(3.1-6.8)pmol/L; T4-2.6(12-22)pmol/L; TSH-0.68(0.35-5.5)mU/L. Oestradiol and other gonadotrophins were low: Oestradiol-<75(100-350)pmol/L; FSH-2.6(10-25)IU/L; LH-0.5(30-100)IU/L; Testosterone-<0.01(0.3-2.7)nmol/L. Morning cortisol was also low-2.49(4.3-22.4)nmol/L. MRI showed empty sella turcica. Hystero-salpingogram was normal. Based on the results of lab findings and clinical features, final diagnosis of SS associated with panhypopituitarism (leading to secondary hypothyroidism, hypogonadism, adrenocortical failure, secondary infertility) was made. We could not find cause for hypertension. The patient was managed by a team of endocrinologists and gynaecologist. Hormone replacement with cortisol and thyroxine restored her to Eumetabolism. Blood pressure was controlled with alpha methyl dopa. Attempt at ovulation induction failed. Egg donation from an anonymous donor was resorted to and pregnancy was successfully carried till term and she was delivered via caesarean section of a baby boy with birth weight of 5kg.

CONCLUSION: With current practice, women with SS can have babies using appropriate technology now available in many parts of the world including Africa. The use of egg donation may appear to have some advantage over ovulation induction especially in developing world like Nigeria, Africa.