



Spontaneous Pregnancy in Sheehan's Syndrome: A Rare But Possible Occurrence

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To the Editor,

Sheehan's syndrome is a rare but serious cause of hypopituitarism resulting from ischemic necrosis of the pituitary gland following postpartum hemorrhage [1]. It is generally responsible for anterior pituitary hormonal deficiencies of varying severity, often associated with infertility due to involvement of the gonadotropic axis [2]. However, spontaneous pregnancy, although rare, remains possible in certain situations [3].

We report the case of a 36-year-old multiparous woman (mother of three children), followed for Sheehan's syndrome diagnosed four years ago after a delivery complicated by severe hemorrhage requiring blood transfusion and admission to the intensive care unit. Initial hormonal assessment revealed corticotropic and thyrotropic deficiencies, leading to treatment with hydrocortisone (20 mg/day) and levothyroxine (25 µg/day). The gonadotropic axis was preserved despite irregular menstrual cycles.

The patient presented with a spontaneous pregnancy occurring two years after her last pregnancy. She is currently at 30 weeks of gestation. The pregnancy has been closely monitored, with adjustment of hormone replacement therapy and regular obstetric follow-up.

Discussion

Sheehan's syndrome remains an important cause of hypopituitarism in developing countries, particularly due to the still high frequency of postpartum hemorrhage and sometimes limited access to obstetric care [4]. Clinical presentation is heterogeneous and depends on the extent of pituitary necrosis [5].

While complete forms with panhypopituitarism are classical, partial forms are increasingly described, characterized by selective deficiency of certain hormonal axes [5]. Preservation of the gonadotropic axis, as observed in our case, remains uncommon but possible [6]. In such cases, residual ovulatory activity may persist, allowing spontaneous pregnancy despite menstrual irregularities.

Management of pregnancy in patients with Sheehan's syndrome requires a multidisciplinary approach. Adequate replacement with glucocorticoids and thyroid hormones is essential to prevent maternal and fetal complications [2]. Hydrocortisone requirements may increase during pregnancy, particularly in the third trimester and during labor, due to physiological stress. Similarly, thyroid hormone requirements are often increased and require close monitoring.

In the literature, cases of spontaneous pregnancy in Sheehan's syndrome remain rare [3]. Most patients with infertility require assisted reproductive techniques, particularly in cases of gonadotropin deficiency [2]. Nevertheless, some reports confirm the possibility of natural conception when residual pituitary function is sufficient.

This observation highlights the importance of not systematically considering these patients as infertile. Appropriate counseling regarding fertility, contraception, and pregnancy planning should be provided.

Conclusion

Spontaneous pregnancy in Sheehan's syndrome is a rare but possible situation, particularly in cases with preserved gonadotropic function. Early diagnosis, appropriate hormone replacement, and rigorous multidisciplinary follow-up are essential to optimize maternal and fetal outcomes.



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