PP 29: A post-menopausal lady with empty sella syndrome

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INTRODUCTION: Empty sella syndrome is an incidental anatomical finding which can occasionally present as hypopituitarism. Here we present a post-menopausal lady with empty-sella syndrome and anterior pituitary hormone deficiency.

CASE DESCRIPTION: A 69-year-old mother of 4 children presented with progressively worsening lethargy and constipation. Her last pregnancy at 24 years was complicated with post-partum hemorrhage. She had breastfed her last child for 1year. She attained menopause at 45 years. Investigations revealed Normocytic anemia; Hb 10 g/dl, Sodium 134 mmol/l, Potassium 4.1mmol/l. Calcium 2.29mmol/l. TSH normal (2.09mu/l), free T4 low (<0.07 ng/dl), 9 am cortisol 44.5 (171-536nmol/l), FSH 6.79 (Postmenopausal 30.6-106.3 mIU/mL), LH -2.08 (Postmenopausal 15.0-62.0 mIU/mL), Prolactin 142 (40-530 mIU/l). Non-contrast CT brain- CSF within sella-turcica, suggestive of empty-sella syndrome.

She was treated with hydrocortisone followed by thyroxine.

CONCLUSION: Patients with hypopituitarism exhibit a slow and progressive loss of pituitary function with vague symptoms. Free-T4 is needed along with TSH, when screening for secondary hypothyroidism. Although our patient had a history of post-partum hemorrhage, establishment of breastfeeding and regular menstruation makes Sheehan syndrome less likely as a cause for hypopituitarism, as well as a secondary cause for empty-sella syndrome. Although female sex, age of presentation and multiparity supports the diagnosis of primary empty-sella syndrome, it may be a combination of both primary and secondary causes.