# 11/28/25 Morning Report with @CPSolvers

*"One life, so many dreams"* ***Case Presenter****: Siva(@)* ***Case Discussants****: Rabih (@rabihmgeha) & Kirtan*

*https://clinicalproblemsolving.com/present-a-case/*

Scribing (Gillian)

**CC**: 42 yo female presenting w/ progressive weakness, **nausea, diarrhea,** dizziness, inability to take food 3 days.

**HPI**: Noticed these Sx for 10 months, worsened in past 3 days.
Intermittent dizziness and weight loss in last 10 months
Admission 9m ago for nausea, vomiting diarrhea, was diagnosed as gastroenteritis, normal colonoscopy

**ROS**: No melena, no urinary, no joint complaints, no fever

**PMH**: hashimoto, mild asthma, remote hx of GBS

**Ob/Gyn:** G3 P3
Uncomplicated delivery 1 yr ago, w/o lactation or resumption of menstrual cycle; no postpartum hemorrhage

**Meds**: none

**Fam Hx**: none

**Social Hx:** none

**Allergies**: none

**Vitals: T**: afebrile **HR**: 105 **BP**: 110/70 **RR**: 16 **Sat**: 98%
**Exam: Gen**: thin, drowsy in ED
**HEENT**: dry oral mucosa, no ulcers
**CV**: RRR, sinus tachycardia, nl peripheral pulses, CRT < 4
**Pulm**: nl, no crackles
**Abd**: soft, nontender, nondistended
**Neuro**: drowsy, sensation intact
**Extremities/skin**: pulses intact, no edema

**Notable Labs & Imaging**:

**Hematology**:
WBC: 4k nl differential **Hgb**: 10 Plt: 300k

**Chemistry**:
Na: 133 K: 4.3 Cl: 101 HCO3: 21 Cr: nl BUN: nl **Glucose**: 30 Ca: 8.8 LFTs: nl
TSH: 2.9 FT4: 0.7
Prolactin : 1.6 (3-30 nl) FSH: 6.1 LH: 1.3
Cortisol 0.5 [low]
ACTH: low
Bandrogen sulfate: 3 (low)
21 hydroxylase antibody: negative

**Imaging**:
US Abd Pelvis: nl
MRI: compatible microadenoma (3mm) in pituitary, pre contrast hyperintensity →hemorrhage

**Dx: Sheehan syndrome**

**Problem Representation**: 42 yo female 1 yr postpartum with 10 months of n/v, diarrhea, dizziness, and weight loss found to have hypoglycemia and panhypopituitarism.

## Teaching Points (Krithika)

**Structural vs Functional defect( watch out for emergencies like perforation, etc); Motility and factors governing**
**Nausea,vomiting and diarrhoea by itself - non specific, but in combination might point to a luminal cause**
**Young patient→possibility of multiple endocrine abnormalities with autoimmune etiology- adrenal, thyroid, diabetes**
**Lactation problems postpartum- contribute to the endocrine theory**
**Weight loss→ generally a GI radiographically identifiable etiology, but with diffuse GI involvement→etiology→substance(endocrine)>structure**
**Other DDx:Toxins(possibility in an acute case), Autoimmune(lupus), neoplastic/paraneoplastic**
**Adrenal insufficiency- Hypoglycemia, hyperkalemia, hyponatremia, shock→not necessary to have hyperkalemia**
**ACTH Stimulation test(better choice because not time dependent)→250mcg ACTH→measure cortisol after 1hr**
**Hyperkalemia more likely in primary > secondary insufficiency and hypoglycemia in secondary>primary**
**Sheehan's syndrome- not necessary to always have overt bleeding**
**Post pituitary- robust blood supply→less likely involvement after postpartum haemorrhage**
**Thyroid and adrenal function intertwined→ contributes to the systemic symptoms**
**In central cause→TSH not reliable→T4 better marker**
**Primary hypoaldosteronism→ need to replace both glucocorticoid and mineralocorticoid**
**Secondary hypoaldosteronism→need to replace only glucocorticoid**
**Pituitary apoplexy vs physiological enlargement of pituitary post pregnancy(the presence of the microadenoma increases possibility of Sheehan's syndrome)**
**Pituitary adenoma- most common incidentally discovered- prolactinoma>non functional**