An Uncommon Case of Postpartum Acute Pituitary Apoplexy With Partial HELLP Syndrome

Author(s): Khondoker S, Joshi S, Dalal P - Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board, LL18 5UJ.
Presenting author: Khondoker S.

Objective. We report the MDT management of a woman who developed pituitary apoplexy as a complication of partial HELLP syndrome

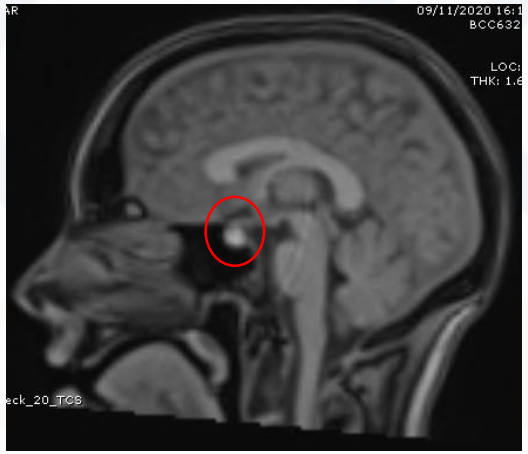
Background: Pituitary apoplexy is a rare, potentially life-threatening emergency due to abrupt ischemic infarction or haemorrhage of the pituitary gland. Secondary adrenal insufficiency is an important cause of mortality associated with the condition.

Case Report: A previously healthy multiparous 22-year-old, was admitted at 35 weeks of pregnancy with sudden severe lower abdominal pain and reduced foetal movement. With uterine tenderness and a pathological CTG, she underwent emergency caesarean section; the arterial cord pH was 6.93.

She was found to have a coagulopathy, hypertension, hypothermia and a maternal bradycardia (56bpm). Although the platelet count was normal, her liver function was deranged, and her PCR was 86. Further tests showed haemolysis on blood film. She developed polyuria and the possibility of diabetes insipidus was considered. With a high index of suspicion of pituitary dysfunction, further tests revealed panhypopituitarism.

An MRI showed pituitary haemorrhage. Hydrocortisone was commenced, amlodipine used for her raised BP and supportive measures commenced in critical care.

Discussion: This complex case was managed with a multidisciplinary team in obstetrics, anaesthesia, critical care, endocrinology and the tertiary liver service. A high index of clinical suspicion is needed particularly when there are no previous pituitary related signs and symptoms in past and when working through multiple possible aetiologies of symptoms, signs and abnormal test results.



MRI head: Likely small haemorrhage within the pituitary gland without complicating features of necrosis or enlargement of the gland.

Conclusion: Evaluation of pituitary function should be considered in patients with complete or partial HELLP syndrome.

Prompt delivery and supportive therapy remain the main stay of treatment, but senior MDT communication is essential.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board