Postpartum autoimmune hypophysitis, autoimmune hyperthyroidism and reversible hepatitis at a patient with partial empty sella

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The postpartum period is accompanied by an increased risk for autoimmune diseases. SN, 29 years of age, developed subsequent to her second pregnancy a polymorphic syndrome, characterized by fatigue, paleness, amenorrhea, agalactia, palpitations, weight loss. Hormonal investigations suggested corticotrophic, somatotrophic (basal morning plasma cortisol – 35 ng/dl, basal GH – 0.1 mIU/l, insulin-induced hypoglycemia test: plasma cortisol – 58 ng/dl, GH – 0.1 mIU/l) gonadotrophic (FSH=0.3 IU/l, LH=0.2 IU/l, oestradiol=22 pg/ml), and prolactinic insufficiency (prolactin=3.5 ng/dl), but measured high levels of thyroid hormones (fT4=3.4 ng/dl) in the presence of low TSH (0.1 mIU/l), setting the diagnosis of autoimmune postpartum thyroiditis in the clinical, immune (positive antibodies vs TPO) and imagistic (thyroid ultrasound) context. NMR investigation of the pituitary region showed partially empty sella and glandular parenchyma with diffusely reduced contrast. Clinical evolution (the appearance of hypopituitarism in the postpartum period, after uncomplicated labor and associated with other autoimmune pathology) chose the diagnosis of autoimmune postpartum hypophysitis the most probable, and glucocorticoid and oestrogenic substitution were started accordingly. During her admission in our department, the patient complained of nausea and lack of appetite. Liver enzymes were increased (TGO=97 U/l, TGP=89 U/l) before the onset of antithyroid therapy, but spontaneously got normalised after one week. Subsequent to the therapy with antithyroid drugs, the patient developed a clinically suggestive episode of transient hypothyroidism with low fT4 values (0.8 ng/dl), but unaccompanied with a correspondent TSH increase, fact certifying the existence of a thyrotrophic deficiency accompanying the autoimmune hypophysitis. This is the first case of association between reversible hepatitis and multiple endocrine immunopathy. The aetiology of hepatitis, although not proven, might have also been autoimmune. Another rare particularity was the tricky co-existence of hyperthyroidism and pituitary insufficiency.