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**Himalayan Institute of Medical Sciences**  
**Swami Rama Himalayan University**  
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HIMS/DME/2025/63

Date: 27.03.2025

Clinical Death Review

**Date : 29.03.2025**

**Time: 03:30 PM – 04:30 PM**

**Day : Saturday**

**Venue: HLT-2, Charak (Lecture Hall)**

**Presenters:** Dr. Chhaya Bora, Junior Resident, (Dept. General Medicine)  
 Dr. Gaurav Kumar Sharma, Junior Resident (Dept. General Medicine)  
**Moderator:** Dr. Mohamad Akram, Professor (Dept. General Medicine)

**Abstract:**

Sheehan syndrome which is also called post-partum pituitary necrosis. It refers to the necrosis of cells of the anterior pituitary gland following significant post-partum bleeding, hypovolemia, and shock. Advances in obstetrical care in developed countries have reduced the incidence of this condition. However, it is still a significant cause of morbidity and mortality in less developed countries.

British pathologist Harold Leeming Sheehan first described this disorder in 1937. Sheehan syndrome occurs when the anterior pituitary gland is damaged due to significant blood loss. Classically, this happens after delivery, in which the mother loses a significant amount of blood. This blood loss results in the pituitary gland not being able to produce hormones. The diagnosis of Sheehan syndrome is not always apparent immediately after childbirth. Occasionally, the signs and symptoms of Sheehan syndrome may not present until months after childbirth or significant trauma.

In a study of 11700 women above 20 years of age in northern India, the prevalence is around 3%. Sheehan syndrome can present with variety of symptoms from weakness due to Addisonian crisis.

Confounding factor in the presentation of Sheehan syndrome is that it may present months to years after the initial event of hypovolemia and shock.

The prognosis depends on timely diagnosis and hormone supplementation. If not diagnosed in time, the prognosis can be grave.

We are going to present a case of 56 year old female who was diagnosed as case of Sheehan syndrome 10 years back, and was on regular OPD follow-up for the same. Now she presented with lower back pain, chronic fatigue and generalized weakness. Thyroid function test and glucose level were normal, however Serum Cortisol level was low in December which was replenished. She was admitted and conservative management was started. However due to an unforeseeable complication, she could not be salvaged and expired at 7:11 am on 02/02/25.

**Programme for Clinical Death Review:**

Introduction	Dr. Akash Rawat, Assistant Professor	05 minutes
History and Examination	Dr. Chhaya Bora, Junior Resident (General Medicine)	15 minutes
Clinical course and Management	Dr. Gaurav Kumar Sharma, Junior Resident Dept. of General Medicine	20 minutes
Diagnosis and Discussion	<b>Moderators:</b> Dr. Mohamad Akram, Professor, Dept of General Medicine <b>Critics:</b> Dr. Mitali Verma, Assistant Professor, Dept. of General Medicine	15 minutes
Questions & Answers		05 minutes

All Faculty & Post Graduate Residents are required to attend the CDR.

**Dept: General Medicine**

Convenor:  
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