

Abstract

A 39 year old patient presented with intractable B/L lower limb pain for two days which has been recurring for 3 months. She was amenorrhoeic for 5 years. She remembered being transfused with blood after the birth of her last child and failing to breast feed the child. On examination she was in severe pain. She also had reduced hair growth in her genital regions. She was hyponatraemic with evidence of low serum osmolality and high urine osmolality, very low free T4, normal TSH, and sub optimal cortisol response to short synacthen test. She had evidence of low estradiol levels with inadequate pituitary response. Her MRI brain didn't show evidence of a pituitary lesion, suggesting that patient is having pituitary insufficiency due to probable Sheehan's syndrome which was presenting as recurrent leg pains. Patient clinically improved after the replacement of her hormone deficiencies.