Clinical Vignette

An unusual association with Raynaud’s phenomenon

A 36-yr-old lady with a year of typical Raynaud’s and polyarthralgia had a normal examination other than cold peripheries and blood pressure of 90/60 mmHg and no evidence of connective tissue disease. Her haemoglobin was 10.3 g/dl and sodium 127 mmol/l (135–145), but other tests, including thyroid stimulating hormone (TSH) and immunology, were normal. Six months later she was reviewed and remarkably improved. She had been well until the delivery of her only child 3 yrs ago. There was significant postpartum bleeding. Following this she lost her pubic hair, libido and was unable to breast feed. She was being investigated for premature menopause. She had an abnormal short synacthen test, low free T3 and T4, gonadotrophin and growth hormone. An MRI showed atrophy of the pituitary gland suggesting a previous infarction (Fig. 1) Panhypopituitarism (Sheehan’s syndrome) was diagnosed. On starting hydrocortisone, thyroxine and the oral contraceptive her Raynaud’s settled. We have only found one other similar case in the literature [1]. A list of conditions associated with Raynaud’s in Hochberg et al.’s [2] Rheumatology mentions hypothyroidism, but not panhypopituitarism. Rheumatologists should be aware of this rare association.

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