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## CAUSES, SYMPTOMS, DIAGNOSIS, DIFFERENTIAL DIAGNOSIS AND TREATMENT OF SIMMONDS DISEASE

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#### ABSTRACT:-

Simmonds disease is otherwise known as hypopituitarism. Causes of simmonds disease include tumor related, trauma, radiation therapy, auto immune disorders, symptoms of Simmonds disease are amenorrhea, galactorrhea, fatigue as well as weakness, weight gain, cold sensitivity, dry skin as well as hair, hypoglycemia, infertility. Diagnosis of simmonds disease include patients background information, past medical history, nutritional status assessments. Differential diagnosis is related to hypo pituitarism, thyroid disorders, growth hormone deficiency, adreno cortical tumors, central diabetes insipidus. Treatment of simmonds diseaseis linked to hormone replacemrnt therapy, corticosteroid replacement, growth hormone replacement, management of diabetes insipidus and surgery. It is concluded that early disgnosis and right time treatment are crucial for managing this disorder in an effective manner.

KEY WORDS:- Benign as well as malignant growths, craniopharyngioma, metastatic tumors, trauma, radiation therapy, auto immune disorders, genetic factors, amenorrhea, galactorrhea, fatigue as well as weakness, weight gain, cold sensitivity, dry skin. Low blood pressure, hypo glycemia, infertilty, breast atrophy, IGF-1, blood glucose levels, imaging studies such as MRI, assisions disease, thyroid disorders, adreno cortical tunors, cenral disbetes insipidus, thyroid hormone replacement, lifestyle modification.

## **INTRODUCTION:-**

Simmond's Disease, also known as hypopituitarism or pituitary insufficiency, is a rare but significant medical condition that affects the functioning of the pituitary gland. This article will delve into the various aspects of Simmond's Disease, including its causes, symptoms, diagnosis, and treatment options.

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## THE PITUITARY GLAND" A VITAL CONTROL CENTER:-

## The Pituitary Gland's Role

The pituitary gland, often referred to as the "master gland," is a peasized organ located at the base of the brain. It plays a crucial role in regulating various bodily functions by producing hormones that control other endocrine glands.

## Understanding Hypopituitarism

Simmond's Disease occurs when the pituitary gland fails to produce one or more of the hormones it is responsible for. This hormonal deficiency can have widespread effects on the body's overall health.

#### CAUSES OF SIMMONDS DISEASE:-

There can be various causes and subheadings associated with Simmonds disease:

#### Tumor-related:

**Pituitary tumors:** 

Benign or malignant growths on the pituitary gland can damage or compress it, leading to hormone deficiencies.

## Craniopharyngiomas:

Tumors near the pituitary gland can disrupt its normal functioning.

## Metastatic tumors:

Cancer that has spread to the pituitary gland from other parts of the body can affect hormone production.

#### Trauma:

## Head injuries:

Severe head trauma or surgery near the pituitary gland can damage its tissue and impair hormone secretion.

## Radiation therapy:

Radiation treatment for brain tumors or other conditions can harm the pituitary gland and result in hormone deficiencies.

Infections and inflammatory conditions:

Infections such as tuberculosis or inflammation (hypophysitis) can damage the pituitary gland and disrupt hormone production.

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## Autoimmune disorders:

Autoimmune diseases like autoimmune hypophysitis can cause the immune system to attack and damage the pituitary gland.

## Genetic factors:

Rare genetic mutations can lead to congenital forms of hypopituitarism, which are present from birth.

## Sheehan's syndrome:

This condition occurs when severe postpartum bleeding leads to damage of the pituitary gland due to insufficient blood supply.

## Medications:

Some medications, such as long-term corticosteroid use, can suppress pituitary function, resulting in hormone deficiencies.

## Other causes:

Certain systemic diseases, like sarcoidosis or hemochromatosis, can affect the pituitary glands.

## **RECOGNIZING THE SYMPTOMS:-**

Symmonds Disease, also known as Sheehan's Syndrome, is a rare medical condition that occurs due to severe postpartum hemorrhage, leading to damage to the pituitary gland. This damage results in hormonal deficiencies and various symptoms:

**Hypopituitarism:** Simmonds Disease primarily manifests as hypopituitarism, which means the pituitary gland doesn't produce enough hormones. This can lead to several hormone-related symptoms:

## Amenorrhea:

Women with Simmonds Disease often experience the absence of menstrual periods due to low levels of reproductive hormones.

## Galactorrhea:

Abnormal breast milk production may occur, even in non-pregnant or non-lactating women, due to disrupted prolactin regulation.

## Fatigue and Weakness:

Low levels of adrenal hormones, such as cortisol, can lead to persistent fatigue and weakness.

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## Weight Gain:

A sluggish metabolism caused by insufficient thyroid hormones can result in unexplained weight gain.

Cold Sensitivity:

Reduced thyroid function can make individuals more sensitive to cold temperatures.

*Hypothyroidism:* Simmonds Disease often includes symptoms of hypothyroidism, as the pituitary gland regulates thyroid hormone production:

Dry Skin and Hair:

Hypothyroidism can lead to dry skin, brittle hair, and hair loss.

Constipation:

Slowed digestion can result in constipation.

Adrenal Insufficiency: Adrenal hormones like cortisol are also affected:

Low Blood Pressure:

Insufficient cortisol can lead to low blood pressure, dizziness, and fainting.

Hypoglycemia:

Low cortisol levels may cause episodes of low blood sugar (hypoglycemia).

*Growth Hormone Deficiency:* In children, Simmonds Disease can stunt growth and delay puberty due to a lack of growth hormone.

*Emotional and Psychological Symptoms:* Hormonal imbalances can lead to mood swings, depression, and cognitive difficulties.

*Infertility:* Women may experience infertility due to irregular or absent menstrual cycles.

Breast Atrophy: Due to reduced prolactin levels, breast tissue may shrink.

DIAGNOSING SIMMONDS DISEASE:-

## **Medical History Assessment**

Patient's background information

Past medical history

Family history of endocrine disorders

**Clinical Examination** 

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Physical symptoms and signs

Nutritional status assessment

## Laboratory Tests

Hormone level analysis (e.g., growth hormone, thyroid hormones)

IGF-1 (Insulin-like Growth Factor-1) levels

Blood glucose levels

Comprehensive metabolic panel

Imaging studies (e.g., MRI of the pituitary gland)

## Endocrinological Evaluation

Hormonal stimulation tests (e.g., GH stimulation test)

Assessment of other pituitary hormones (e.g., TSH, cortisol)

## DIFFERENTIAL DIAGNOSIS:-

Distinguishing Simmond's disease from other growth disorders

## Hypopituitarism

Simmond's Disease:

A form of hypopituitarism caused by a pituitary tumor.

Secondary Hypopituitarism:

Similar hormonal deficiencies due to other pituitary lesions or injury.

## Primary Adrenal Insufficiency (Addison's Disease)

Simmond's Disease:

Pituitary tumor affects ACTH production leading to cortisol deficiency.

Addison's Disease:

Adrenal glands' dysfunction causes cortisol and aldosterone deficiency.

## Thyroid Disorders

Simmond's Disease:

May cause secondary hypothyroidism.

Primary Hypothyroidism:

Thyroid gland dysfunction leads to low thyroid hormone levels.

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## Growth Hormone Deficiency (GHD)

Simmond's Disease:

Can result in GHD due to pituitary involvement.

Isolated GHD:

Primary deficiency of growth hormone.

## Hypothalamic Dysfunction

Simmond's Disease:

Often involves hypothalamus, impacting various hormones.

Other Hypothalamic Disorders:

Lesions or injuries affecting the hypothalamus.

#### Adrenocortical Tumors

Simmond's Disease:

Rarely, adrenal tumors can mimic symptoms.

Cushing's Syndrome:

Adrenal tumors causing excessive cortisol production.

## Hypogonadism

Simmond's Disease:

Can lead to low sex hormone levels.

Primary Hypogonadism:

Testicular or ovarian dysfunction.

#### Non-Functioning Pituitary Adenoma

Simmond's Disease: A sub type of non-functioning pituitary tumors.

*Other Non-Functioning Pituitary Tumors:* Differentiated from Simmond's by hormone panel.

#### **Central Diabetes Insipidus**

Simmond's Disease:

Potential impact on ADH secretion.

Central DI:

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Reduced ADH production due to hypothalamic or pituitary issues.

## Stress-Induced Hormonal Imbalances

Simmond's Disease:

Often chronic and not stress-related.

Temporary Hormonal Shifts:

Stress-related hormonal changes, not chronic like Simmond's.

## CONFIRMATORY DIAGNOSIS:-

Meeting specific criteria for Simmond's disease diagnosis

## TREATMENT OPTIONS:-

Treatment options for Simmond's disease (also known as hypopituitarism) can vary depending on the underlying cause and specific hormone deficiencies present. Here are some treatment options with subheadings based on the hormones affected:

## Hormone Replacement Therapy:

*Thyroid Hormone Replacement:* For hypothyroidism, levothyroxine is commonly prescribed.

*Corticosteroid Replacement:* In cases of adrenal insufficiency, glucocorticoid medications like hydrocortisone are used.

*Sex Hormone Replacement:* Testosterone or estrogen/progesterone replacement therapy may be necessary for sex hormone deficiencies.

*Growth Hormone Replacement:* Recombinant human growth hormone (rhGH) may be used for growth hormone deficiencies in children and adults.

## Management of Diabetes Insipidus:

Desmopressin (DDAVP) is often prescribed to manage diabetes insipidus, a common symptom of Simmond's disease.

## Surgery:

In cases where pituitary tumors or other structural abnormalities are causing hypopituitarism, surgical intervention may be required to remove or treat the underlying issue.

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## Monitoring and Regular Follow-ups:

Patients with Simmond's disease require lifelong monitoring and adjustment of hormone replacement therapies to maintain hormone levels within a normal range.

Regular follow-up appointments with an endocrinologist are essential to assess treatment efficacy and address any potential complications.

#### Lifestyle Modifications:

Diet and exercise may play a role in managing associated conditions like obesity and cardiovascular risk factors.

Patients should be educated about recognizing and managing symptoms of acute adrenal crisis, which can be life-threatening.

#### **Psychological Support:**

Living with a chronic condition like Simmond's disease can be challenging, so psychological support and counseling may be beneficial for coping with the condition's impact on daily life.

It's crucial for individuals with Simmond's disease to work closely with a healthcare team, including endocrinologists and other specialists, to tailor treatment plans to their specific needs and address any associated health concerns. Treatment should be individualized based on the patient's hormone deficiencies and overall health.

#### **CONCLUSION:-**

Simmond's Disease is a complex condition that can significantly impact a person's quality of life. Early diagnosis and appropriate treatment are crucial for managing this disorder effectively. If you or someone you know is experiencing symptoms suggestive of pituitary insufficiency, seeking medical attention is essential for a timely diagnosis and proper management.

#### References

• Aithen, R. S. & Russel, D.: A case of Simmonds' syndrome. *The Lancet* 1934: 227: 802.

• Altmann, F.: Ueber einen Fall von hypophysärer Kakexie. *Frankfurter Ztschr. f. Pathologie.* 1928: 36: 393.

• Bergstrand, H.: Ein Obduktionsfall von Mb. Simmonds. *Acta chir. scandinavica* 1939: 82: 227.

• Bom, F.: Simmonds' Syndrom (endogen afmagring) hos et par enæggede tvillinger. *Nord. Med.* 1940: 8: 2506.

• Bratton, A. B. & Field, A. B.: A case of Simmonds' Disease. *The Lancet*, 1934: 227: 806.

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• Foley, M. P. & Snell, A. M. & Craig, W. Mc. K.: Anterior pituitary tumor associated with cachexia, hypoglycemia and duodenal ulcer. *Am. Journ. Med. Sci.* 1939: 198: 1.

• Formanek, F.: Zur Kasuistik der hypophysen Ganggeschwülste. *Wiener klin Wschr.* 1909: 22: 603.

• Gallavan, M. & Steegmann, A. T.: Simmonds' disease (anterior hypophysial insufficiency). *Arch. Int. Med.* 1937: 59: 865.

• Hirsch, S. & Berberich, J.: Beitrag zur Frage der multiplen Blutdrüsensklerose. *Klin. Wschr.* 1924: 3: 483.

• Hönlinger, H. & Stricker, W.: Ein Plattenepithelzystopapillon des proc lingualis des Hypophysenvorderlappens bei einem Palle von hypophysärer Kachexie. *Frankfurter Ztschr. f. Pathologie*: 1923: 29: 492.

• Jaffe, R.: Luetische Erkrankungen der Hypophyse. *Frankfurter Ztschr. f. Pathologie*: 1922: 27: 324.

• Jakob, A.: Zwei Fälle von Simmondsscher Krankheit (hypophysäre Kakexie) mit besonderer Berücksichtigung der Veränderungen im Zentralnervensystem. *Virchows Arch. f. path. Anat. und Physiologi* 1923: 246: 151.

• Lang, F. J.: Ein Plattenepithelzystopapillom des Infundibularbereiches mit hypophysärer Kachexie. *Wiener klin Wschr.* 1924: 37: 977.

• Lichtwitz, L.: Drei Fälle von Simmondsscher Krankheit. Klin. Wschr. 1922: 1: 1877.

• Meng, H.: Ueber Wucherungen der Neurohypophyse bei Simmondsscher Erkrankung. *Frankfurter Ztschr. f. Path.* 1928: 36: 650.

• Mogensen, E.: Simmonds' Syndrom. U. f. L. 1941: 103: 506.

• Mogensen, E.: Simmonds' Syndrom. Acta med. scand. 1940: 105: 360.

• Mogilnitzky, B. N.: Zur Frage der Entstehung der hypophysär-subthalamischen Syndrome. Arch. f. path. Anatomie und Physiologie. 1928: 269: 1.

• Plummer, D. E. & Jaeger, J. R.: Pituitary Cachexia (Simmonds' Disease). *Arch. Neur.* and *Psych.* 1938: 40: 1013.

• Rose, E. & Weinstein, G.: Cachexia Hypophyseopriva (Simmonds' Disease) with Thyroid and Suprarenal Insufficiency. *Endocrinology*, 1936: 20: 149.

• Sheehan, H. L.: Simmonds' Disease due to post-partum necrosis of the anterior pituitary. *Quarterly Journ. Med.* 1939: 8: 277.

• Sheehan, H. L.: Post-partum necrosis of the anterior pituitary. *The Journ. of. Path. and Bact.* 1937: 45: 189.

• Silver, S.: Simmonds' Disease (Cachexia hypophyseopriva). *Arch. of Internal Medecin.* 1933: 51: 175.

• Simmonds, M.: Ueber Hypophysisschwund mit tödlichem Ausgang. *Deutsche med. Wschr.* 1914: 40: 322.

• Simmonds, M.: Ueber Kachexie hypophysSren Ursprungs. *Deutsche med. Wschr.* 1916: 42: 190.

• Stewart, A.: A case of Simmonds' Disease. *The Lancet*: 1936: 231: 1391.

• Tauber, R. L.: Zur Kenntnis der Simmondsschen Krankheit. *Med. Klinik.* 1927: 23: 1499.

• Thür, W.: Ueber die Abgrenzung der Simmondsschen Kakexie von der multiplen Blutdrüsensklerose. *Frankfurter Ztschr. f. Pathologie.* 1928: 36: 661.

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• Warburg, E.: Demonstration af en patient med Simmonds' Sygdom. *U. f. L.* 1939: 101: 731.

• Weinstein, A.: Multiglandular syndromes resembling Simmonds' Disease. *Am. Journ. Med. Sci.* 1935: 189: 245.