Correspondence

Falling after CABG

Sir,

Pituitary infarction following Coronary Artery Bypass Grafting (CABG) is rare but may have serious debilitating effects. We present two cases of panhypopituitarism after CABG.

BR, 56 years man who presented with repeated falls following CABG – done eight months back. Of late he was pleasantly surprised to see wonderfully good glycaemic control, which he was struggling to get before. His BMI was 23, heart was in sinus rhythm (74/min), systolic blood pressure dropped from 110 to 90 mm Hg on standing. Systemic examination was unremarkable. Routine blood check including complete haemogram, liver and renal function, calcium profile and lipid were normal. He had hyponatraemia [serum Sodium 127 (normal 135-144) mmol/L] with normal serum Potassium [4.1 (3.8-5.2) mmol/L]. This led us to look for serum Cortisol [8am 90 (N-240 -510) nmol/L] and Thyroid function {TSH-0.1 (N-0.5-4.5) mIU/L, free T4-0.7 (N- 0.8-2.1) ng/dL]. Further endocrine work up showed low Testosterone {1.1 (N- 3-10) ng/ml} and disproportionately low LH {2.3 (N- 1-8) miu/ml} with normal Prolactin and failure of Cortisol to rise with ACTH stimulation. MR scan of the Pituitary showed atrophic gland making the diagnosis of complete anterior hypopituitarism with empty sella (Fig. 1). He was started on oral Hydrocortisone (initially 80, later reduced to 20 mg/d in three divided doses), Thyroxine (50 later to 100 mcg/d) and monthly injection of 250 mg Testosterone Undecanoate. In view of good improvement of quality of life, Growth Hormone therapy was not being considered.

Our second patient was a 60-year-old man presented one month after CABG with repeated falls and sternal wound infection. Physical examination revealed postural hypotension. After CABG his insulin requirements were coming down. Investigations revealed low Sodium, normal Potassium (115meq/L and 4.3 meq/L respectively) and low 8am serum Cortisol (113nmol/L). Further endocrine workup revealed features of secondary hypothyroidism and hypogonadism (TSH 5.1miu/l, free T4 1.2 ng/dl, LH 10.7miu/l and Testosterone 2.4ng/dl). MR scan of pituitary revealed small pituitary. He was started with Hydrocortisone, Thyroxine (50mcg/day) orally and monthly injection of Testosterone with wonderful subjective and objective improvement.

Pituitary infarction, apoplexy and hypopituitarism following cardiac surgery, although rare have been reported earlier. Pituitary infarction probably arises secondary to the major haemodynamic changes, which occur during CABG with extracorporeal circulation. These include ischaemia, haemorrhage, edema and positive pressure ventilation. Both our cases our a subtle presentation of anterior hypopituitarism (feature of secondary hypocortisolism, secondary hypothyroidism and secondary hypogonadism). Increased awareness of hypopituitarism after CABG will lead to endocrine

Fig. 1 : MR scan of pituitary gland showing atrophic pituitary gland
evaluation, early diagnosis and successful replacement therapy.

**REFERENCES**


**A Focus Group Study Among Type 2 Diabetic Subjects**

Sir,

A person with diabetes has to cope with many lifestyle changes. In this study, focus group sessions are employed to assess type 2 subjects’ perceptions, affect and family support. It is a special type of group in terms of purpose, size, composition and procedures. The aim of this study is to know how the diabetic subjects reacted to diagnosis and their lifestyle changes.

Anderson et al,1 reported that focus group was found as a useful means for identifying issues in diabetes care. Previous studies2-3 have used focus groups for exploring patient education, dietary management, psychosocial issues and barriers to control in the management of diabetes.

The sample comprised of 154 type 2 subjects having diabetes for duration of one year or longer without complications. Purposive sampling method was used. The size of each heterogeneous group ranged from 4 - 8 members and a total of 25 groups participated. Two moderators acted as facilitators. The discussions were recorded in an audio tape recorder.

Content analysis of the taped messages was carried out. The tape-based approach relied on listening to the tape recording content of each focus group and then developing an abridged transcript of the relevant and useful portions of the discussion. Frequency of critical words and phrases were counted. These frequencies were categorized as themes and percentages were calculated based on the frequency of themes. Four themes were identified:

1) Initial reactions to diagnosis
2) Adherence to diet regimen
3) Adherence to exercise regimen
4) Extent of family support.

One hundred eighteen responses represented how the subjects felt when they were diagnosed as having diabetes. There were 52 no worry responses and 76 responses represented negative feelings. Out of the 76 responses, worry was expressed (28.9%), followed by fear (25%), shock (23.7%), depression (11.8%) and denial (10.5%). With regard to the exercise and diet regimen, 83 responses (57.2%) related to adherence to regular exercise, 116 (81.7%) of the responses pointed towards adherence to the prescribed diet pattern and 26 responses (18.3%) indicated lack of adherence to the diet plan. 110 responses (93.2%) indicated family support and 8 responses (6.8%) connoted no family support. Seventy one reasons were reported for non-adherence to the exercise regimen. Non-adherence was due to the nature of occupation (38%); followed by household work (35.2%), bodyache (18.3%) and laziness (8.5%).

The data brought out four primary themes into focus. They are initial reactions during diagnosis, adherence to diet and exercise and role of family support in diabetes management.

At initial diagnosis, negative feelings of worry, fear and shock were more commonly felt than depression and denial. Subjects were more compliant to the prescribed diet plan than to regular exercise program. The reasons for their non-adherence were attributed to lack of time due to the nature of occupation and household work. However the present study did not bring out reasons for non-adherence to diet regimen. 93.2% responses indicated that subjects received family support. Hence this suggests the significant role of family members in the subjects’ management and adherence to treatment, which cannot be underestimated. In India the concept of ‘family’ remains as a dynamic entity and it has a major impact on the individual.

Through this study, the subjects’ inner feelings and perceptions were explored more candidly and spontaneously unlike through standard interview schedules. The data generated on psychosocial problems encountered by the subjects, can be utilized to develop a psychometric tool for an in-depth study.

**REFERENCES**