A Case: Primary Aldosteronism Diagnosed by Adrenal Vein Sampling In A Patient with Uncontrolled HTN

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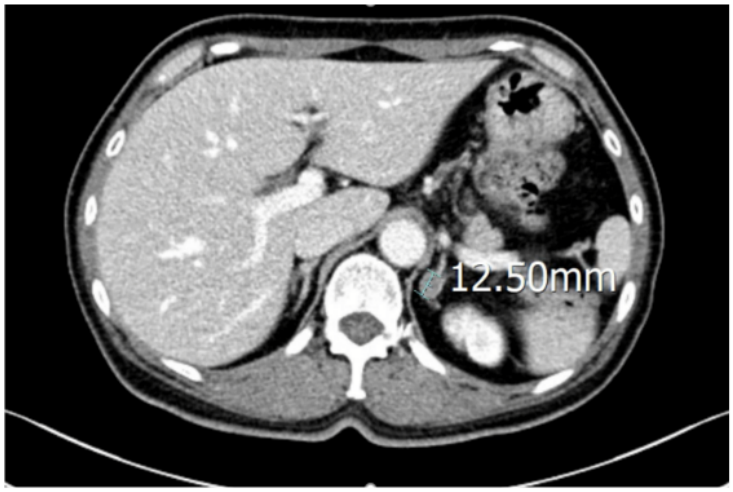
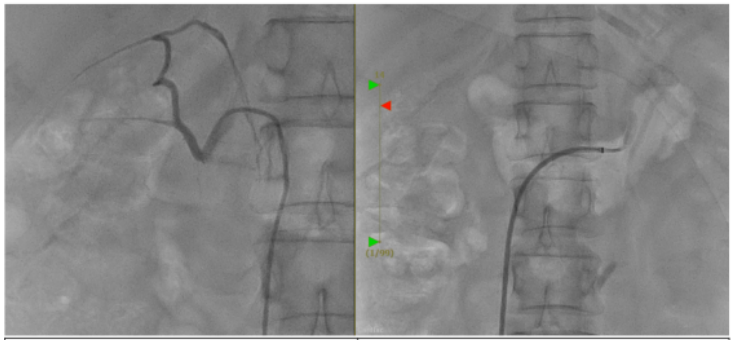
Introduction: Primary aldosterone (PA) may be reported in up to 10% of hypertensive patients. It is a disease with a significant prevalence to that extent. In patients with poorly controlled hypertension, It is reported that there are many cases where it should be considered, but it is not diagnosed. The authors report a case; PA was diagnosed through adrenal vein sampling(AVS) in patients with uncontrolled hypertension and hypokalemia, and blood pressure control was successful with surgical treatment.

Case: A 47-year-old woman was diagnosed with hypertension at the age of 37. At that time, the doctor recommended work-up for secondary hypertension, but refused. For the next 10 years, drug treatment was maintained in the outpatient clinic, and blood pressure was well controlled. However, in recent months, in addition to the ARB, blood pressure continued to rise even though thiazide and CCB were additionally administered. The patient was admitted to cardiology with suspected PA with 12.5 mm tumor findings in the left adrenal gland on CT with hypokalemia. After that, adrenal vein sampling was performed on both sides. Aldosterone level is 4187.8 ng/dL in left-adrenalvein samples, right-adrenal vein Samples showed 73.8 ng/dl, indicating reasonable results for PA. After that, laparoscopic Lt. adrenalectomy was performed in the urology department. Since then, medication has been stopped and her blood pressure has remained normal.

Consideration: Primary Aldosteronism is a causative disease of secondary hypertension that must be considered in uncontrolled hypertension. Since it shows characteristic clinical patterns such as resistance to HTN drugs and hypokalemia, it is not difficult to screen, but it is often overlooked. Functional evaluation is essential when accompanied by adrenal tumors, and AVS is recommended. On the other hand, there are limitations in clinical use due to technical difficulties and difficulty in interpretation. In this case, the typical clinical course was shown and the diagnostic procedure was standardized well, so We would like to report it as an educational case.





Rt adrenal vein	Lt adrenal vein
73.8ng/dL	4187.8ng/dL