中文題目：單側原發性醛固酮增多症: 臨床指引外的一章
英文題目：Unilateral primary aldosteronism: beyond the guideline
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BACKGROUND

For the treatment of unilateral primary aldosteronism, operation is preferred according to the American endocrine society guideline. However, it's not always suitable for all patients. We present a patient with unilateral primary aldosteronism, whose best treatment is medication, rather than operation.

CASE PRESENTATION

A 49-year-old woman came to our emergency room for general weakness several days, and hypokalemia was diagnosed. She has past history of intracranial hemorrhage post craniectomy at 47-years-of-age and primary aldosteronism was also found because of hypertension and hypokalemia. She received right laparoscopic adrenalectomy and the hypokalemia resolved. The persistent hypertension after operation was controlled with two kinds of anti-hypertensive agents. However, the hypokalemia recurred 2 years after the right laparoscopic adrenalectomy, and low renin, high aldosterone level were also noted, the ARR(aldosterone rennin ratio) was 677. The cortisol and 24 hour urine VMA were both normal. Abdominal CT showed a left adrenal tumor, 1.5cm in diameter. Her hypokalemia resolved under Spironolactone 25mg per day and oral potassium replacement, and her blood pressure were around 130/85mmHg under Valsartan 80mg per day.

COMMENTS: Predictors of persistent hypertension after adrenalectomy include older age, family history with more than one first-degree relative with hypertension, use of more than two antihypertensive drugs preoperatively, duration of hypertension of more than 5 years, concomitant essential hypertension, large gland size at operation, increased serum creatinine levels and coexistence of other forms of secondary hypertension. In this patient, she had three predictors of persistent hypertension after adrenalectomy, which means high probability of persistent hypertension after left adrenalectomy. Cardiovascular outcome is comparable in patients with primary aldosteronism treated with adrenalectomy or aldosterone antagonists, and the hypertension, hypokalemia were both under controlled under medication in this patient. Therefore, medication is more beneficial than adrenalectomy for this patient.