

Hyperaldosteronism

Primary hyperaldosteronism	<p>(Conn syndrome) aldosterone-producing adenomas of the suprarenal gland (> 50%), idiopathic hyperaldosteronism, with bilateral nodular hyperplasia of the zona glomerulosa (approx. 40%), unilateral or bilateral adrenal hyperplasia without adenoma, rare paraneoplastic;</p> <p>Laboratory: aldosterone in plasma increased, renin in plasma normal to decreased, hypokalemia, hypernatremia, polyuria, polydipsia, hyposthenuria, hyperkalemiuria, (in 50% of the cases)</p>
Secondary hyperaldosteronism	<p>Stimulation of the renin-angiotensin system.</p> <p>Organic: stenosis of kidney artery, malignant hypertonia, renin-producing tumor;</p> <p>Functional: hyponatremia, hypovolemia, Bartter syndrome (without hypertonia)</p>
	<p>Relative hyperaldosteronism by reduced aldosterone metabolism in cardial, hepatic and renal edemas.</p>

Diagnosis by the following parameters: Aldosterone in serum/urine, renin, sodium/potassium in serum/urine, ACTH, cortisol diurnal profile, 17-OH progesterone, DHEA-S, androstendione, dexamethasone inhibition test, captopril test, furosemide test.

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit <http://www.fml-dubai.com/parameter-listings/>