



Cerebrovascular disease as an initial manifestation of Conn's syndrome

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Abstract

Primary Aldosteronism is the commonest cause of secondary arterial hypertension and is due to uncontrollable aldosterone secretion by a series of adrenal disorders. We describe a case of a 51-year-old male patient with uncontrollable hypertensive peaks in whom initial manifestation was ischemic stroke; he was diagnosed with Primary Aldosteronism (biochemically) and left adrenal gland mass measured 20×11×13 mm. The patient underwent a left laparoscopic adrenalectomy. The patient was discharged home with well-controlled blood pressure and normokalemia. No clinical symptoms were reported in follow-up. In the present article, we describe the pathophysiology, diagnosis and treatment of the disease.

Background

Primary aldosteronism, which refers to the autonomous excess production of aldosterone, was once considered to be a rare disease. Now, with advances in diagnostic methods, Primary aldosteronism has been identified as the most common cause of secondary hypertension, with a prevalence ranging from 5% to 15% in hypertension patients, and an even higher prevalence in patients with resistant hypertension. Compared with essential hypertension patients, patients with primary aldosteronism are associated with an increased risk of cardiovascular comorbidities, including stroke, myocardial infarction, and atrial fibrillation, which are independent of blood pressure. Several studies reported that the rate of stroke was significantly higher in patients with primary aldosteronism than in patients with essential hypertension (12.9% vs 3.4%). Most importantly, these complications can be reduced by medical and surgical treatment. Studies have shown that for the majority of patients with benign surgical adrenal disease, laparoscopic surgery is now the gold standard treatment. The effectiveness of adrenalectomy has to be done with a fall of blood pressure or allowing the withdrawal of all antihypertensive medications.

Conclusion

That study compared the cardiometabolic outcomes between medically treated PA patients and EH patients, and showed a higher incidence of cardiovascular events (myocardial infarction, coronary revascularization, admission for congestive heart failure or stroke) higher mortality risk, diabetes and atrial fibrillation in MRA-treated PA patients than in EH patients. Further analysis showed that the increased risk of cardiovascular events and related mortality was only present in PA patients with suppressed renin [4]. Clinical suspicion and the appropriate diagnostic approach are important for prevention of vascular events in patients with refractory hypertension.

Biography

Arturo Moreno-Pérez was a cardiologist in Bite Medical Hospital, UK. He has published many research articles and received many awards for his publications.



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