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## PRIMARY ALDOSTERONISM

### Summary

We reviewed the characteristics of clinical findings, diagnostics possibilities and choices of therapy in patients with primary aldosteronism. Typically there were few signs and symptoms. The diagnosis should be suspected in a hypertensive patients with hypokalemia or easily provoked hypokalemia. Hypokalemia in associations with inappropriate kaliuresis, low plasma renin activity, and a high plasma aldosterone concentration are the findings on initial screening tests that should suggest primary aldosteronism. The diagnosis must be confirmed by demonstrating unsuppressed aldosterone secretion. The choice of therapy is based on distinguishing unilateral from bilateral adrenal disease. In the cases of unilateral adenoma, surgical removal is indicated. Contrary, patients with bilateral diseases should be treated with pharmacologic agents.