Response to About an Epidemic of Primary Aldosteronism

I appreciate Plouin’s thoughtful comments. In discussing idiopathic hyperaldosteronism, I was referring back to Padfield’s work indicating that the underlying pathophysiology of idiopathic versus primary aldosteronism secondary to an aldosterone-producing adenoma are different, with the former seeming to manifest a heightened response to angiotensin II and the latter a blunted response. This is not to suggest that idiopathic hyperaldosteronism is distinct from primary aldosteronism, as I agree that it is a subtype of the disorder.

I further agree with Plouin that suppression testing cannot distinguish between the 2 subtypes of primary aldosteronism. As discussed in my review, lateralization of aldosterone secretion by adrenal vein sampling is required to confirm a probable aldosterone-producing adenoma and a likely favorable response to surgery.

Disclosures

None.

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Hypertension. 2008;51:e7; originally published online January 14, 2008; doi: 10.1161/HYPERTENSIONAHA.107.108373

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