

Clinical outcomes in patients with primary aldosteronism with or without adrenal vein sampling

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The American Endocrine Society Practice guidelines recommends that bilateral adrenal vein sampling (AVS) be performed in all patients diagnosed with Primary Aldosteronism (PA) to distinguish between unilateral and bilateral disease to guide management. We compared the clinical outcomes of patients diagnosed with PA who underwent unilateral adrenalectomy with or without AVS to determine whether patients with discrete solitary adenomas and a normal contralateral adrenal gland require AVS to confirm lateralization. There were 10 patients with AVS and 30 patients without AVS. At six months after surgery systolic/diastolic blood pressure and serum potassium concentration normalized in both groups; plasma aldosterone decreased to normal levels in all. There were no statistical differences in the results between groups. These findings suggest that AVS may not be necessary for subtype classification in those patients with discrete, solitary, unilateral adrenal adenomas.

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