

54.

BÖLÜM

PRİMER HİPERALDOSTERONİZM

Zehra Yağmur ŞAHİN ALAK¹

GİRİŞ

Hipertansiyon, artmış aldosteron sekresyonu ve baskılanmış plazma renin konsantrasyonu ile karakterize primer hiperaldosteronizm (PH) 1955 yılında Jerome W. Conn tarafından tanımlanmıştır. Literatürde Conn Sendromu olarak da bilinir (1). Aldosteron üreten adenom (%30) ve bilateral idiyopatik adrenal hiperplazi (%60) primer hiperaldosteronizmin en yaygın alt tipleridir. PH daha nadir durumlarda adrenal karsinom (<%1), unilateral adrenal hiperplazi (%2) ve ailesel hiperaldosteronizmin kalıtsal durumlarından kaynaklanır (2).

PH tanılı hastalar esansiyel hipertansiyonu olan bireylere kıyasla artmış kardiyovasküler, serebrovasküler olay ve hedef organ hasarı (kalp ve böbrek) riskine sahiptir (3-5). PH tanılı hastalarda ayrıca metabolik sendrom, diyabet(6), osteoporotik kırıklar (7) ve depresyon (8) prevalansında artış görülür. Bu komorbiditelerin bazıları kortizol kösekresyonu ile ilişkilendirilir (9). Mevcut tüm kanıtlar PH ile ilişkili artan riskleri en aza indirmek için erken teşhis ve tedavinin önemini göstermektedir (10).

PREVELANS

Geçmişte hafif-orta derecede esansiyel hipertansiyonu olan hastaların %1' inde PH tanımlanmış ve hipokaleminin tanı için olmazsa olmaz bir koşul olduğu varsayılmıştı (11-13).

Günümüzde kesitsel ve prospektif çalışmalar, hipertansif hastaların %5-%10' unda PH bildirmektedir (14-17). Bu hastaların yalnızca küçük bir kısmında (% 9 ile 37) hipokalemi vardır. Normokalemik hipertansiyon, hastalığın en yaygın prezentasyonunu oluşturur. Bu nedenle hipokaleminin olmaması PH tanısı için düşük negatif prediktif değere sahiptir (18).

¹ Uzm. Dr. , Sağlık Bilimler Üniversitesi Bursa Yüksek İhtisas EAH, Endokrinoloji ve Metabolizma Hastalıkları Kliniği, zehrayagmur.sahinalak@sbu.edu.tr

SONUÇ

Geçmişte PH hipertansiyonun nadir bir nedeni olarak düşünölmekteydi. Son 10 yılda yapılan çalışmaların sonuçları PH'nin tüm hipertansif hastalar içinde yaklaşık %10 oranında saptandığını göstermektedir. PH tanılı hastalar esansiyel hipertansiyonu olan bireylere kıyasla artmış morbidite ve mortalite riskine sahiptir. Mevcut tüm kanıtlar PH ile ilişkili artan riskleri en aza indirmek için erken teşhis ve tedavinin önemini göstermektedir. Erken teşhis için tüm hekimlerin bu konuda farkındalığının artırılmasına ve tarama testlerinin yaygınlaştırılmasına ihtiyaç vardır.

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