

Abstract

Primary aldosteronism (PA) is the commonest cause of secondary hypertension which leads to target organ damage. It causes hyper secretion of the main mineralocorticoid-aldosterone from the zona glomerulosa of the adrenal gland. Studies has shown that PA is commoner than it is thought to be previously and has to be considered as a major cause of hypertension and it is associated with a higher cardiovascular morbidity as well as mortality compared to essential hypertension which can be prevented by using the appropriate targeted specific therapies for PA rather than mere blood pressure control with nonspecific antihypertensive therapy.

We present a middle-aged female who had been treated for hypertension, found to have spontaneous hypokalaemia. Her aldosterone to renin ratio was elevated with unsuppressed hypersecretion of aldosterone at saline infusion test with left sided adrenal aldosterone hypersecretion. Left sided adrenalectomy revealed an adrenal cortical adenoma with the resolution of hypertension and hypokalaemia.