- **Abdominal imaging.**

TREATMENT

- **Surgical adrenalectomy**
- **Spironolactone**

DISEASES MIMICKING HYPERALDOSTERONISM

1, LIDDLE SYNDROME

A. **Decreased degradation of sodium channels** in collecting tubules due to genetic mutation; **autosomal dominant**
B. Presents as child with HTN, hypokalemia, and metabolic alkalosis, but with **low aldosterone and low renin**
C. Diagnosed by **genetic testing**
D. Treatment is potassium-sparing diuretics **(e.g., amiloride or triamterene)**, which block tubular sodium channels; **spironolactone is not effective.**

2,SYNDROME OF APPARENT MINERALOCORTICOID EXCESS (SAME)

A. **11β- hydroxysteroid dehydrogenase 2 (11β-HSD2) deficiency** allows cortisol to activate renal aldosterone receptors; autosomal recessive
B. Presents as child with HTN, hypokalemia, and metabolic alkalosis, but with **low aldosterone and low renin**
C. Diagnosed by **low urinary free cortisone** and **genetic testing**
D. May also arise with **licorice (glycyrrhetinic acid)**, which blocks 11β- HSD2

HYPERCORTISOLISM(CUSHING SYNDROME)

This disorder is caused by conditions that produce **elevated glucocorticoid levels.**

CAUSES

ACTH INDEPENDENT CAUSES

- **Iatrogenic cause**(most common cause) which includes exogenous glucocorticoids administration as a result of this **bilateral adrenal atrophy** occurs.
- **Primary adrenal adenoma, hyperplasia, or carcinoma** which causes **low ACTH** resulting in **contralateral adrenal atrophy.**

ACTH DEPENDENT CAUSES

- ACTH-secreting pituitary adenoma **(Cushing disease).**It is the **most common endogenous cause.**
- **paraneoplastic ACTH secretion** (eg, small cell lung cancer, bronchial carcinoids)

Both of these causes result in **bilateral adrenal hyperplasia**.In this skin hyperpigmentation is seen due to high ACTH.

SCREENING/ DIAGNOSIS

- **Serum cortisol & CBG** is not recommended due to fluctuations.