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A SINGLE CENTRE EXPERIENCE: PRIMARY ALDOSTERONISM SURGICAL VERSUS MEDICAL THERAPY

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INTRODUCTION

Primary aldosteronism (PA) is a common cause of secondary hypertension associated with cardiovascular and renal morbidities. This study sought to describe the demographic and clinical presentation of patients with PA and compare treatment outcomes with surgical versus medical therapy.

METHODOLOGY

This is a retrospective review of patients with PA from the Endocrine Unit of Selayang Hospital from 2011 to 2020. Outcome parameters reviewed include resolution of hypertension and hypokalemia.

RESULTS

A total of 53 patients were analyzed. Mean age at diagnosis was 44.0 ± 12.0 years. Mean duration of hypertension before diagnosis was 11.5 ± 8.0 years. Most patients (92%) were on two or more antihypertensive medications at presentation. Majority (70%) had hypokalemia; 20% had chronic kidney disease (CKD) stage >3 at presentation. Among the 40 patients who completed investigations, 65% underwent adrenalectomy, while 35% were treated medically with mineralocorticoid receptor antagonist. Most (64%) patients in the medical group had unilateral adrenal lesion but not offered surgery due to inconclusive adrenal vein sampling results or individual preference. All patients in the surgical group achieved biochemical cure after surgery, while 29% patients in the medical group still required potassium supplements. Patients in the surgical group were almost twice more likely to be normokalemic without any potassium supplement compared to the medical group. At discharge, all patients in the surgical group were normotensive without treatment, but 85% resumed antihypertensives on follow-up. After a median follow-up of 6 months, there was a significant reduction in the mean number of anti-hypertensives required in the surgical (1.0 ± 0.7) compared to the medical group (2.8 ± 1.0) ($p < 0.001$).

CONCLUSION

Delayed diagnosis of PA was mostly due to lack of screening. Patients who underwent surgery achieved better biochemical and clinical outcomes compared to medical therapy. However, many remain hypertensive associated with significant burden of CKD.