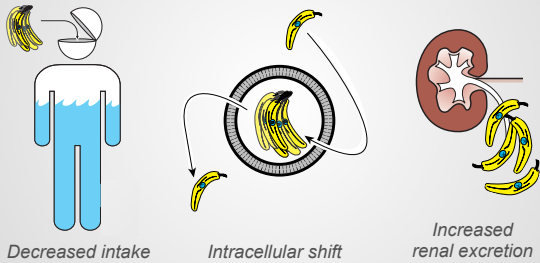




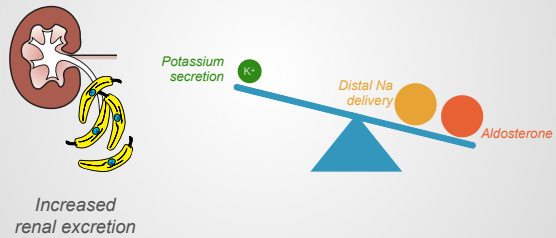
Hypokalemia

Primary hyperaldosteronism:
Hyperaldosteronism without the aldosterone

Three processes of hypokalemia



Increased renal excretion



Increased renal excretion

Secondary hyperaldosteronism Diuretics
Salt wasting nephropathies
Vomiting

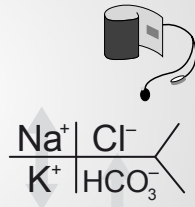
→ **Primary hyperaldosteronism** Actual
Apparent

Unreabsorbable anions Proximal RTA
Drugs

Potassium wasting nephropathy Polyuria
Distal RTA
Hypomagnesemia

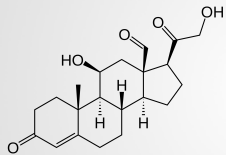
→ **Primary hyperaldosteronism** Apparent

- Hypertension (often resistant)
- Hypokalemia
- Metabolic alkalosis
- Hypernatremia (rare)

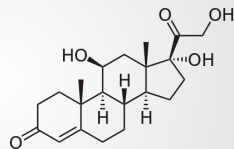


...but the aldosterone levels are low.

The cortisol conundrum

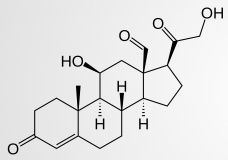


Aldosterone
normal 7-30 ng/dL

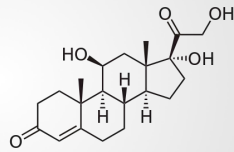


Cortisone
normal 5-20 mcg/dL

The cortisol conundrum



Aldosterone
normal 7-30 ng/dL



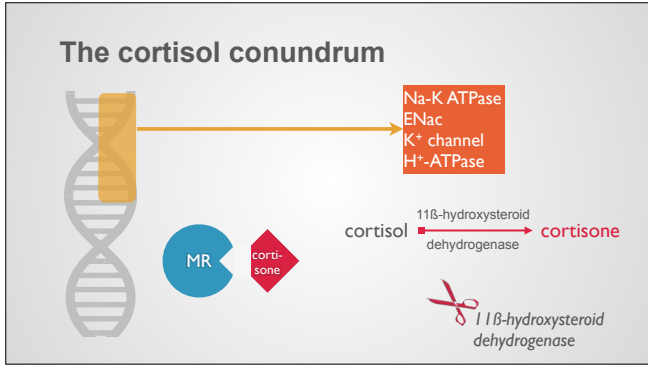
Cortisone
normal 5,000-20,000 ng/dL

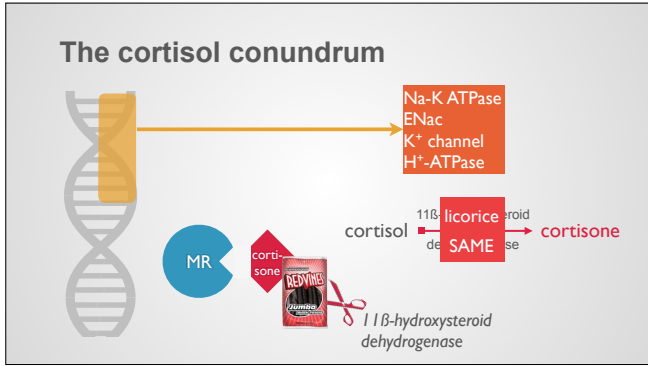
The cortisol conundrum



The cortisol conundrum








➔ **Primary hyperaldosteronism** Apparent

Patient has the primary hypoaldosteronism syndrome...

- ➔ Hypertension (often resistant)
- ➔ Hypokalemia
- ➔ Metabolic alkalosis
- ➔ Hypernatremia (rare)

...but the aldosterone levels are low.



Licorice

S.A.M.E.
