Conn’s syndrome

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Conn syndrome is an aldolsterone -producing adenoma. Conn's syndrome is named after [Jerome W. Conn](http://en.wikipedia.org/wiki/Jerome_W._Conn)(1907–1994), the American endocrinologist who first described the condition at the University of Michigan in 1955.

Aldosterone is a steroid hormone (mineralocorticoid family) produced by the outer section (zona glomerulosa) of the adrenal cortex in the adrenal glands It plays a central role in the regulation of blood pressure mainly by acting on the distal tubules and collecting of the nephrons, increasing reabsorption of ions and water in the kid, to cause the conservation of sodium, secretion of potassium, increase in water retention, and increase in blood pressure and blood volume.

When dysregulated, aldosterone is pathogenic and contributes to the development and progression of cardiovascular and renal disease. Aldosterone has exactly the opposite function of atrial nutriuretic hormone secreted by the heart.

Causes: Primary hyperaldosteronism has many causes, including adrenal hyperplasia and adrenal carcinoma.

The syndrome is due to:

1. Solitary adrenal (conn) adenoma, 35%
2. Bilateral (micronodular) adrenal hyperplasia, 60%
3. Glucocorticoid remediable aldosteronism (dexamethansone-suppressible hyperaldosteronism) 1%
4. Rare forms, including disorders of the renin-angiotensin system 1%

The list of complications that have been mentioned in various sources for Conn's syndrome includes:

* 1. Enlarged heart (Heart symptoms)
	2. Loss of deep tendon reflexes
	3. Heart disease - due to high blood pressure
	4. Stroke- due to high blood pressure
	5. Congestive heart failure - due to high blood pressure
	6. Coronary artery disease - due to high blood pressure
	7. Abnormal heart rhythm - due to low blood potassium levels
	8. Death - due to low blood potassium levels

## Diagnosis measuring aldosterone alone is not considered adequate to diagnose primary hyperaldosteronism. The screening test of choice for diagnosis is the plasma aldosterone:plasma renin activity ratio. Renin activity, not simply plasma renin level, is assayed. Both aldosterone and renin are measured, and a ratio greater than 30 is indicative of primary hyperaldosteronism.Treatment Spironolactone.