A Final Resolution Following Years of Polypharmacy

Hussain S2, Chopra A2, Abdin A2, Grainger S3, Matson M1, Casey E2, Nikookam K2.
Department of Radiology, St Bartholomew's Hospital, London
Department of Diabetes and Endocrinology, 3. Department of Gastroenterology, King George Hospital. Barking, Havering and Redbridge University Hospitals NHS Trust, Greater London. UK

We describe a 61 year old, previously healthy Caucasian man, who presented with abdominal pain, general tiredness and refractory hypertension. He was already being treated with an ACE inhibitor, calcium channel blocker and had recently been started on diuretics. However, his blood pressure was elevated, ranging from 154/90mmHg to 175/98mmHg. He was becoming more frustrated and disillusioned with polypharmacy and his persistently uncontrolled blood pressure despite full compliance with medical advice. He was extensively investigated by local gastroenterologists for his dyspeptic symptoms who reported a normal oesophagogastroduodenoscopy and colonoscopy. A Computerised tomography scan incidentally revealed a 1.5cm right-sided adrenal adenoma for which he was referred to the Endocrine team.

Further investigations revealed a raised plasma aldosterone/renin ratio, consistent with primary hyperaldosteronism (Conn's Syndrome). Adrenal vein sampling, however, revealed that aldosterone levels were raised on the contralateral side and therefore surgical options were not deemed suitable. Spironolactone was commenced on cessation of all antihypertensive medication and he has remained normotensive (Mean BP 110/78mmHg). Our patient has developed a small degree of gynaecomastia, a well-known side effect of Spironolactone, but there was no cause for medical or personal concern. He is delighted that his BP is now controlled on only one medication.

Asymptomatic primary hyperaldosteronism (Conn's syndrome) is being increasingly diagnosed as a cause for hypertension. This case demonstrates the need to further investigate the causes of hypertension, in particular unremitting hypertension with polypharmacy.