

A Brief Note on Conn Syndrome

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DESCRIPTION

Conn syndrome, also known as primary hyperaldosteronism, is a condition in which the hormone aldosterone is secreted in excess. Aldosterone is a hormone produced by the adrenal glands that helps to control blood pressure by controlling sodium and potassium levels in the kidney. Aldosterone causes water to be reabsorbed into the blood vessels by promoting sodium reabsorption into the blood and potassium excretion into the urine. High blood pressure can be caused by an inflow of water into the circulation. Low potassium levels can also result in muscle cramps and an erratic pulse.

Normally, the protein renin controls aldosterone production; however, in Conn syndrome, aldosterone levels are increased despite normal renin levels. Because of the long-term effects of uncontrolled high blood pressure, Conn syndrome is considered dangerous (hypertension). Hypertension, if left untreated, can raise the risk of heart failure, heart attacks, kidney failure, and strokes. Low potassium levels (hypokalaemia) can also cause an irregular heartbeat.

Signs and symptoms

Conn syndrome is most commonly associated with high blood pressure that is resistant to treatment with blood pressure medicines. Excessive thirst, increased urine frequency, and nocturia, or the need to urinate at night, are some of the other indications and symptoms. Muscle cramps, paralysis or tingling, dizziness, impaired vision, and headaches are all possible side effects.

Diagnostics

A complete medical history and physical examination are usually used to diagnose Conn syndrome. Blood tests to measure hormone and electrolyte levels will most likely be performed by healthcare providers. When diagnosing Conn syndrome, it's

important to look at aldosterone, renin, sodium, and potassium levels.

Adrenal vein sampling, in which blood is drawn from the adrenal veins using a catheter to compare hormone levels from each individual adrenal gland, may be performed by some physicians. To visualize any cancers or abnormalities, imaging such as Computed Tomography (CT) scans may be used.

Treatment

Conn syndrome treatment is mostly determined by the underlying cause. Aldosterone-producing adenomas and other adrenal tumours are frequently surgically removed using a minimally invasive process called laparoscopic surgery. Bilateral adrenal hyperplasia, on the other hand, can be treated with aldosterone-inhibiting drugs like spironolactone. Individuals are typically advised to eat a low-salt diet, quit smoking, limit alcohol consumption, and exercise regularly. Conn syndrome, also known as primary hyperaldosteronism, is characterized by excessive aldosterone production. Aldosterone is a hormone produced by the adrenal glands that controls blood pressure by controlling sodium and potassium levels.

It can become a significant problem if left untreated, as uncontrolled blood pressure increases the chance of developing a variety of other health problems. An adrenal tumour (adenoma) or bilateral adrenal hyperplasias are the most common causes of Conn syndrome. Individuals with hypertension will, in the vast majority of cases, be unable to manage their blood pressure with medication. Blurred vision, headaches, increased urination, and muscle cramps are all possible symptoms. Conn syndrome can be diagnosed by blood tests, radiological studies, and suppression tests. Conn syndrome can be treated by removing an aldosterone-producing tumour or using medicine to lower aldosterone levels, depending on the underlying cause.

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