



Severe hypokalemia revealing a conn adenoma Treated with laparoscopy.

Sinane Zougaghi and Hamza Dergamoun

Mohammed 5 university, Faculty of Medicine and Pharmacy of Rabat Ibn Sina Teaching hospital , « A » Urology Departement.

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ABSTRACT

This paper deals with the severity of Conn adenoma and its treatment with laparoscopy.

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Introduction

Conn adenoma is a benign adrenal tumor responsible for primary hyperaldosteronism.

Its severity consists mainly of high blood pressure and severe hypokalemia.

We report the case of patient of 57 years, having as antecedents an HTA since 2009 under association amlodipine, losartan well balanced.

The symptomatology dates back to 1 year, by the installation of a deep asthenia, palpitations and tinnitus, which led the patient to consult to the department of internal medicine, or a balance was objectivating demand for severe hypokalaemia at 1.88 mmol / L a 20-fold normal renal activity in the standing and standing position, the normal urinary aldosterone a normal cortisol emit the same for the rate of metanephries and normetanephries.

The patient was referred to our training or complement by adrenal MRI was asked to objectify an adrenal nodule of 22 * 15 mm in hyper signal T1 and T2 with marked drop after signal suppression of fat 61% (phase in / Phase out) in favor of Conn adenoma(A).

After a multidisciplinary staff the decision was to make a left laparoscopic surrenalectomy (B).

The immediate aftermath was simple.

Histopathological examination finds a morphological aspect in favor of a Conn adenoma with no histological signs of malignancy

The patient was reviewed 2 months later with an ionogram demonstrating a normalization of serum potassium.

