Arterial hypertension is one of the commonest chronic diseases and an important risk factor for cardiovascular morbidity and mortality. This book focuses on the secondary forms of hypertension, especially endocrinological and renovascular hypertension. With the help of recent studies, the pathophysiology, necessary diagnostic investigations and treatment options are discussed and clearly and comprehensively presented.
Arterial hypertension is a prominent component of a number of endocrine disorders, most prominently those involving the adrenal glands (pheochromocytoma, primary aldosteronism) and the pituitary (ACTH-producing tumors). Hypertension may also be a prominent feature of other endocrine disorders such as Secondary hypertension is elevated blood pressure that results from an underlying, identifiable, often correctable cause. Only about 5 to 10 percent of hypertension cases are thought to result from secondary causes. The sixth report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC-VI)5 defines four goals for the evaluation of the patient with elevated blood pressure: detection and confirmation of hypertension; detection of target organ disease (e.g., renal damage, congestive heart failure); identification of. Once the diagnosis of hypertension is established, secondary forms should be considered. Especially hormonally active adrenal tumors may allow specific treatment. We report 24 months of successful treatment with octreotide, which improved symptoms, decreased hormone secretion, and slightly induced a reduction in size of the tumor. Our case shows that an octreotide treatment of pheochromocytoma can be an acceptable alternative to surgery when operation is not possible. The postoperative course was marked by persistence of high blood pressure. Simultaneous presence of these two conditions of hormone excess is probably a chance occurrence.