

Primary Aldosteronism: Superselective Embolization vs. Laparoscopic Endocrine Curative Therapy

NCT06513585

Status	RECRUITING
Phase	Not Applicable
Sponsor	Xinjiang Medical University
Enrollment	570 participants

Key Eligibility Criteria

Inclusion (4)

- Age 18-60
- Diagnosed with primary aldosteronism according to the 2016 Clinical guidelines of the International Endocrine Society
- Primary aldosteronism diagnosed according to international guidelines Unilateral disease by AVS or PET-CT criteria
- Patients and their family members signed informed consent and agreed to participate in the study

Exclusion (10)

- A history of severe hypersensitivity to contrast media
- Severe liver disease complications, such as thrombocytopenia, esophageal varices rupture bleeding, etc
- Renal insufficiency (serum creatinine $> 176\text{mmol/L}$ or estimated glomerular filtration rate $< \text{min.}1.73\text{m}^2$)
- Combined with other secondary hypertension, such as pheochromocytoma, hypercortisolism, renal vascular hypertension (such as renal artery stenosis), renin secretory tumor, renal parenchymatous hypertension, drug-induced hypertension (such as long-term use of glucocorticoids, contraceptives, estrogen, herbal medicines containing glycyrrhizin), pregnancy hypertension and other secondary hypertension
- Combined with genetic diseases: such as false aldosteronism (Liddle syndrome), Bartter syndrome, familial hypokalemia and hypomagnesia (Gitelman syndrome)
- ... and 5 more (see full listing online)

Locations (1 total)

The First Affiliated Hospital of Xinjiang Medical University, Ürümqi, Xinjiang, China