

Super Selective Adrenal Artery Embolization for Primary Aldosteronism: a Prospective Cohort Study(SAAE-PA)

NCT06513676

Status RECRUITING
Sponsor Xinjiang Medical University
Enrollment 500 participants

Key Eligibility Criteria

Inclusion (4)

- Age 18-60 years old;
- Primary hyperaldosteronism was diagnosed in strict accordance with the 2016 International Endocrine Society clinical guidelines;
- Refusal of medication due to adverse reactions, refusal of adrenal resection due to surgical risk, or persistent hyperaldosteronism and cortical insufficiency after adrenal resection;
- The patients and their families were introduced in detail to all the current treatment methods for primary aldosteronism, and the adrenal artery embolization was voluntarily accepted;

Exclusion (9)

- A history of severe hypersensitivity to contrast media;
- There are serious complications of liver disease, such as thrombocytopenia, esophageal variceal 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, estrogens, herbs containing glycyrrhizin), pregnancy hypertension and other secondary hypertension;
- Hereditary diseases: such as false aldosteronism (Liddle syndrome), Bartter syndrome, familial hypokalemia and hypomagnesemia (Gitelman syndrome);
- ... and 4 more (see full listing online)

Locations (1 total)

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