

Primary Aldosteronism (Conn's syndrome) in Pregnancy: A case report.

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- **Background:**

- Primary aldosteronism (PA) is marked by the overproduction of aldosterone that occurs independently of renin, and it is often an overlooked contributor to hypertension. This condition is primarily associated with adrenal gland hyperactivity and the presence of a benign tumor in one of the glands. So far, fewer than 50 cases of primary hyperaldosteronism during pregnancy have been reported in the medical literature.

- **Case Report:** A 29-year-old woman, G2P0+1, with a history of primary hyperaldosteronism due to an adrenal adenoma diagnosed three years prior, presented for care. She was also a carrier of sickle cell disease and had significant uterine fibroids co-existing with pregnancy. The patient suffered from hypertension and was managed with Nifedipine 120MG daily, Eplerenone 25MG (mineralocorticoid receptor antagonist), and Aspirin 150MG. The case was reviewed, and a care plan was developed by the Regional Maternal Medicine Multi-Disciplinary Team (MDT).

- Regular ANC appointments were arranged, involving serial ultrasounds and assessments of electrolytes and urea at each visit. Blood pressure remained well-controlled with Nifedipine, and urine dip tests consistently indicated no proteinuria. An Induction of Labour (IOL) was planned at term for concerns about fetal head circumference (HC) below the third centile, all other USS parameters were normal. After a prolonged first stage of labour at 7cm, she ultimately underwent a Caesarean section (CS).

- **Discussion:**

- Primary aldosteronism can result in adverse pregnancy outcomes, such as preeclampsia, an increased risk of Caesarean sections, and induced deliveries, with a median delivery gestational age of 35.5 weeks. Given the contraindication of spironolactone in pregnancy, Eplerenone was used, although there is limited data regarding its safety during this period. Despite concerns about fetal head circumference at term, the pregnancy concluded successfully, and the postpartum paediatric assessment was reassuring.

- **Conclusion**

- In this case, aldosteronism was identified before pregnancy, and the MDT's collaboration was essential for achieving a positive outcome. Effective blood pressure management was a critical factor in the successful result. While information on the use of Eplerenone in pregnancy is scarce, it seems to be a safe alternative.