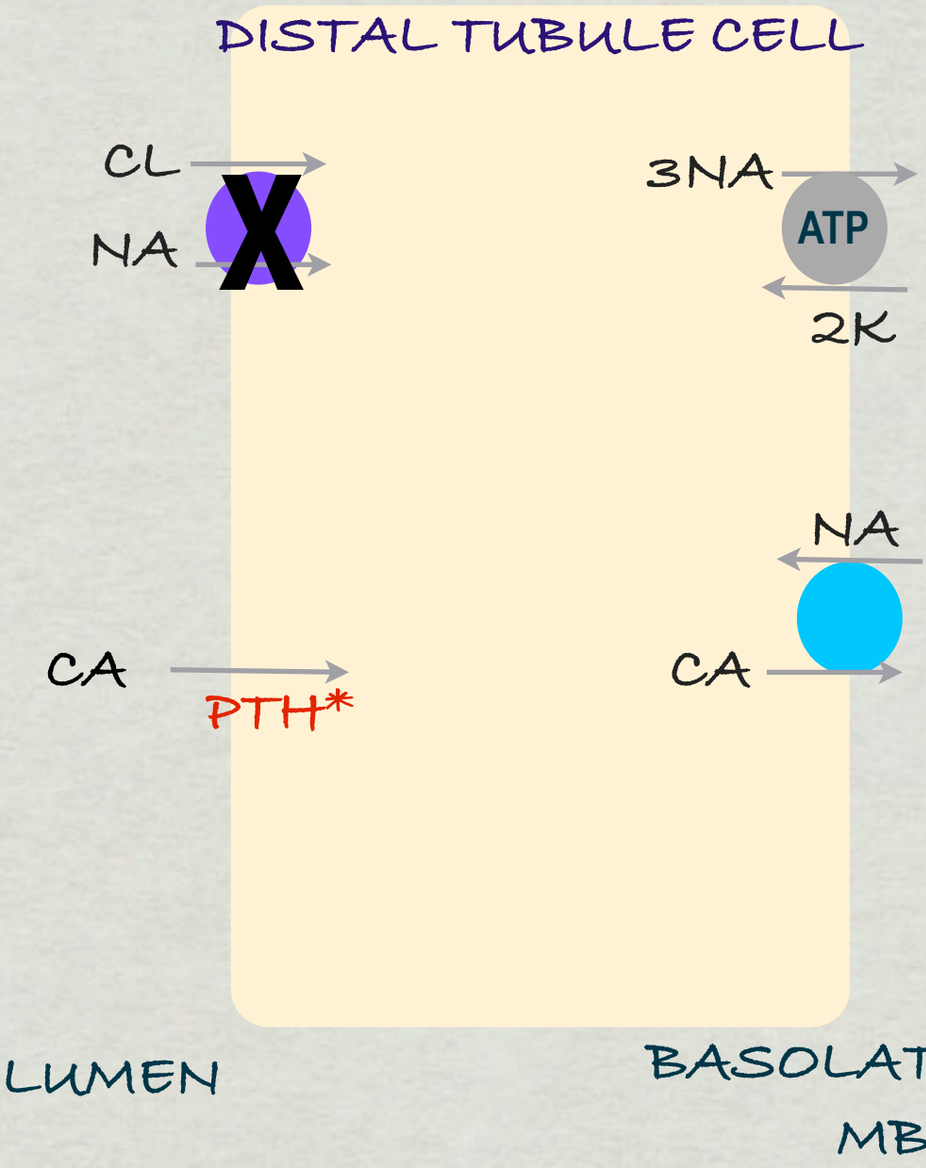
Gitelman syndrome



- similar to Bartter in presentation:
- autosomal recessive
- secondary hyperaldosteronism with hypokalemia and metabolic alkalosis
- difference w/ Bartter is the site of the defect and urine Ca: Gitelman is a defect on DT, the Na/Cl co-transporter and urine Ca is low (usually).
- is like being on thiazide diuretic all the time

Bartter vs Gitelman

	Bartter sd. (like being on LOOP diuretic all the time)	Gitelman sd. (like being on THIAZIDES all the time)
genetic	aut recessive	aut recessive
sign	POLYURIA, POLYHYDRAMNIOS	POLYURIA
LABS	h-K-emia metab.alkalosis	h-K-emia met.alkalosis
Urinary Ca or urine Ca/ creatinine	Ca-URIA normal->high	Ca-uria low
Pathophysiology	NaCl& water is lost in urine by defects on Na,K, 2Cl cotransporter or other pumps on TALH-> activates Ren,Ang,ALDO system	NaCl and water is lost in urine by defect on Na,Cl pump on DT -> activates Ren,Ang,ALDO system
Tx	NSAIDs and K sp.diuretics	K sp diuretics, ACEI