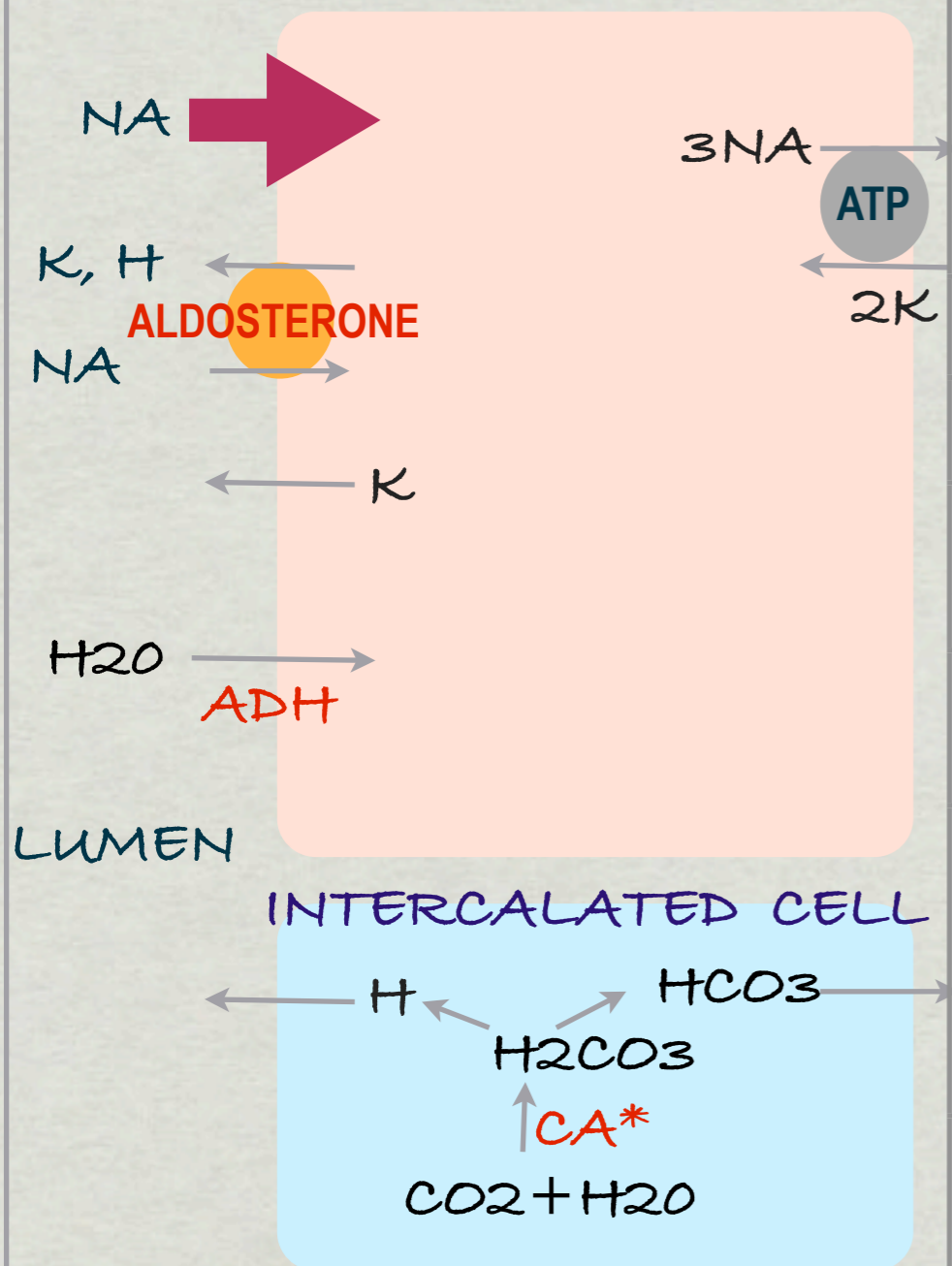


# Liddle syndrome

PARIETAL CELL



	<b>Liddle sd.</b> (Pseudo <b>HYPER</b> aldosteronism)	<b>Conn sd.</b> (Primary <b>HYPER</b> aldosteronism)
<b>appears</b>	<b>children</b>	<b>any age</b>
<b>sign</b>	<b>HTN</b>	<b>HTN</b>
<b>LABS</b>	<b>h-K-emia</b> <b>metab.alkalosis</b>	<b>h-K-emia</b> <b>met.alkalosis</b>
<b>Aldosterone level</b>	<b>normal/low</b>	<b>high</b>
<b>Due to:</b>	<b>aut.dominant,</b> <b>overactivity of</b> <b>Na ch-<math>\rightarrow</math>↑Na reabs</b>	<b>adrenal tumor</b> (adenoma) or <b>adrenal</b> <b>hyperplasia</b>
<b>Tx</b>	<b>Na channel</b> <b>inhibitors</b>	<b>ALDO receptor</b> <b>inhibitors</b>