Author's response to reviews

Title: Unilateral cause of primary hyperaldosteronism is usual and adrenal vein sampling is mandatory in the diagnosis. Results from screening to histopathology in a Swedish population

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Editor:
Sabina Alam, PhD
BMC Medicine

Dear Sir,

We enclose our paper titled; “Unilateral cause of primary hyperaldosteronism is usual and adrenal vein sampling is mandatory in the diagnosis. Results from screening to histopathology in a Swedish population”, for your kind consideration for publication. As Primary Hyperaldosteronism (PA) is recently found to be the most usual cause of secondary hypertension we believe our paper to be of broad interest and therefore suitable for publication in the BMC Medicine. We are convinced of the benefit of screening for PA and the subject of our paper concerns the screening-methods used, the prevalence of PA in both selected and non-selected hypertensive population, the need for verifying procedure after screening and reliable tools to differentiate between unilateral and bilateral PA. The present study is unique in many ways not the least as a verifying procedure for PA was executed in patients suspected for PA, after adjustment of the anti-hypertensive treatment and describes results from screening to PAD after unilateral adrenalectomy. The good description of both the selected and the non-selected hypertensive population makes comparison of the groups possible that is also unique. We find treatment resistant hypertension and serum levels of potassium still to be part of the indications of screening for PA. Moreover, the study reveals the need for adrenal vein sampling (AVS) by an experienced radiologist and the futility of scintigraphy and to a less extent CT-scan in diagnosing unilateral PA. It is our understanding due to our results that locally defining cut of limits of the screening methods is important. The rareness of unilateral adrenal hyperplasia (UAH) has been postulated in the very few publications found on UAH. In this prospective screening study of a hypertensive population, we found UAH to be as common as APA in patients with PA and unilateral disease according to AVS. Screening of PA has recently and correctly been vigorously discussed and we find our study to add new information indicating the importance of a more general screening for PA in hypertensive subjects, using reliable screening methods, verifying procedures and the use of AVS for the aim of cure in unilateral causes of PA. The paper should therefore interest all readers of the BMC Medicine.

All authors have read and approved submission of the manuscript. Material in the manuscript has not been published and is not being considered for publication elsewhere in whole or in part in any language except as an abstract. The authors declare no conflict of interest. The undersigned will deal with the paper at the prepublication stage and handle all the proofs with assistance from the others.

Sincerely,

Helga Ágústa Sigurjónsdóttir, MD, PhD