

Progress in Primary Aldosteronism 7: No better time to meet!

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Key words

aldosterone, renin, adrenal adenoma, secondary hypertension, endocrine hypertension

Bibliography

Exp Clin Endocrinol Diabetes 2023; 131: 383–385

DOI 10.1055/a-2129-3672

ISSN 0947-7349

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Introduction

Fourteen years ago, in July 2009, we held the first *Progress in Primary Aldosteronism* (PIPA) meeting in Munich. Our idea was that a meeting dedicated to primary aldosteronism (PA) would facilitate collaborative research and scientific exchange in the field. Since then, five more PIPA meetings in 2011, 2013, 2015, 2017 and 2019 gathered scientists from around the world and led to the Progress in Primary Aldosteronism special issues in *Hormone and Metabolic Research* (2011, 2015, 2017, 2020) and in the *European Journal of Endocrinology* (2013) that covered current knowledge by PIPA participants. Also, numerous collaborative projects were initiated at these conferences.

Then, in 2020, the COVID-19 outbreak caused an unprecedented challenge to humanity, science and research. Worldwide public and private initiatives were undertaken to fight the pandemic, and for 2 long years, everyone was stuck in a black hole. Research related to the COVID-19 emergency increased dramatically, and increasing resources were directed towards pandemic-related research areas. Research in many fields, not directly related to the pandemic, suffered or was partially displaced [1]. Due to the pandemic, we were unable to hold our biennial PIPA meeting in 2021.

The PIPA 7 Conference In Munich 2022

Following the recovery in 2022, we believed that the ideal time had come to reconvene. Major progress had been made during the past years, and key publications have addressed new genetic events [2–7], diagnosis [8, 9] pathophysiology of aldosterone excess [10–15], imaging [16], histopathologic classifications [17], and treatment [18] but unresolved and controversial issues remain. In October 2022, PIPA 7 took place in the usual location at Castle Nymphenburg in Munich. With the generous support of the *Deutsche*

Forschungsgemeinschaft and the *Carl Friedrich von Siemens Stiftung* we were able to invite many of the internationally renowned researchers in the field ► **Fig. 1**. The present volume of *Experimental and Clinical Endocrinology and Diabetes* is entirely dedicated to reviews based on PIPA 7 presentations. To avoid overlap with prior PIPA proceedings the current reviews focus on areas, which can be considered as ‘hot topics’ or those which have not been recently covered. They are written by experts in their respective fields and include seven invited articles summarizing main presentations given at the symposium.

The first article by Celso and Elisa Gomez-Sanchez presents an abbreviated history of aldosterone metabolism, including the most relevant mineralocorticoid steroids implicated in PA [19].

Primary aldosteronism is characterized by dysregulated, renin-independent aldosterone excess. Long perceived as rare, PA has emerged as one of the most common causes of secondary hypertension. The first review by Charoensri & Turcu summarize the reports on PA prevalence among the general population and in specific high-risk subgroups, highlighting the impact of rigid versus permissive criteria on PA prevalence perception [20].

Despite the well-established data on prevalence of PA, the current rate of PA detection is appallingly low. The review by Libianto et al. explores the challenges that clinicians often face in diagnosing PA and offers strategies that may improve the detection of this potentially curable form of hypertension [21].

Lenzini et al. review the current knowledge of the factors that contribute to the resistant hypertension phenotype with a focus on PA and discuss the issues regarding the screening for PA in this setting and the therapeutic approaches [22].

The article of Younes et al. analyses the role of different selectivity and lateralization indices during adrenal vein sampling on guiding surgical decision towards adrenalectomy in primary aldos-



► **Fig. 1** Participants of PIPA 7 in the Carl Friedrich von Siemens Foundation in Nymphenburg, Munich. Source: Martin Reincke.

teronism [23]. Current clinical guidelines recommend that adrenal vein sampling may not be necessary in patients younger than 35 years who have marked aldosteronism and a solitary adrenal adenoma on imaging. The review by Gkaniatsa & Ragnarsson evaluates the more recent literature about imaging studies in young patients as a predictor of unilateral PA [24].

Finally, the review by Lee & Drake summarizes current evidence concerning radio frequency ablation of unilateral aldosterone-producing lesions as an alternative to unilateral adrenalectomy [25].

We hope our readers find these articles interesting.

Martin Reincke

Editor-in-Chief

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Funding

We acknowledge the generous support of the Carl Friedrich von Siemens Stiftung and of the Deutsche Forschungsgemeinschaft (CRC/TRR 205 “The adrenal gland: Central relay in health and disease”) in funding the Progress in Primary Aldosteronism symposium. The authors of this editorial are supported by the Else Kröner-Fresenius Stiftung (German Conn’s Registry-Else-Kröner Hyperaldosteronism Registry; 2013_A182 and 2015_A171 to M.R.), the Deutsche Forschungsgemeinschaft (CRC/TRR 205/1 “The adrenal gland: Central relay in health and disease” to T.A.W. and M.R.), by the European Research Council (grant number 694913 [PAPA] to M.R.).

Conflict of Interest

The authors declare that they have no conflict of interest.

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