

## MC (aldosterone)

Role	-essential for life	
Fun	<ul style="list-style-type: none"> <li>-Na retention &amp; reabsorption (from: sweat, saliva &amp; SI)</li> <li>-stimulates Na/K-ATPase synthesis</li> <li>-kicks K &amp; H out of the body</li> <li>-stimulates Na/K/Cl cotransporters (&amp; all Na apical channels)</li> </ul> <p>In a nutshell: expands ECF volume</p>	
TC	Principle cells	
Liver	-converts lots of it to tetrahydroglucuroinds	
Regulation	<p><b>Secretors</b></p> <ul style="list-style-type: none"> <li>-<u>dec BP (renin-angiotensin system)</u></li> <li>-hyperkalemia &amp; hyponatremia</li> <li>-ACTH (secreted during stress)</li> </ul>	<p><b>inh</b></p> <p>ANP</p>
pathies	<ul style="list-style-type: none"> <li>-analdosteronemia = death (by sever drop in BP &amp; dehydration)</li> <li>-hyperaldosteronemia = hypertention</li> </ul>	
Hyper-aldosteron-emia	<p><b>causes</b></p> <ul style="list-style-type: none"> <li>-primary causes: conn syndrome &amp; zona glomerulosa hyperplasia or tumors</li> <li>-secondary: Liver cirrhosis, ascites &amp; nephrotic syndrome</li> </ul> <p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li>-headache</li> <li>-hypokalemia (muscles weakness)</li> <li>-hypervolemia</li> <li>-hyponatremia</li> <li>-nocturnal polyuria</li> <li>-hands cramping</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>-surgical adenoma removal (if present)</li> <li>-med: spironolactone</li> </ul>	