

Familial Hypertension Syndromes

Abbreviations:

GRA = Glucocorticoid Remediable Aldosteronism
FH-II = Familial Hyperaldosteronism type II
FH-III = Familial Hyperaldosteronism type III
FH-IV = Familial Hyperaldosteronism type IV
PASNA = Primary Aldosteronism with Seizures and Neurologic Abnormalities, *CACNA1D* mutation
CAH (11β) = Congenital Adrenal Hyperplasia
CAH (CYP17) = Congenital Adrenal Hyperplasia
GR = Glucocorticoid Resistance
FHH = Familial Hyperkalemic Hypertension
AME = Apparent Mineralocorticoid Excess
AMR = Activating MR mutation
HTN-Br = HTN with Brachydactyly

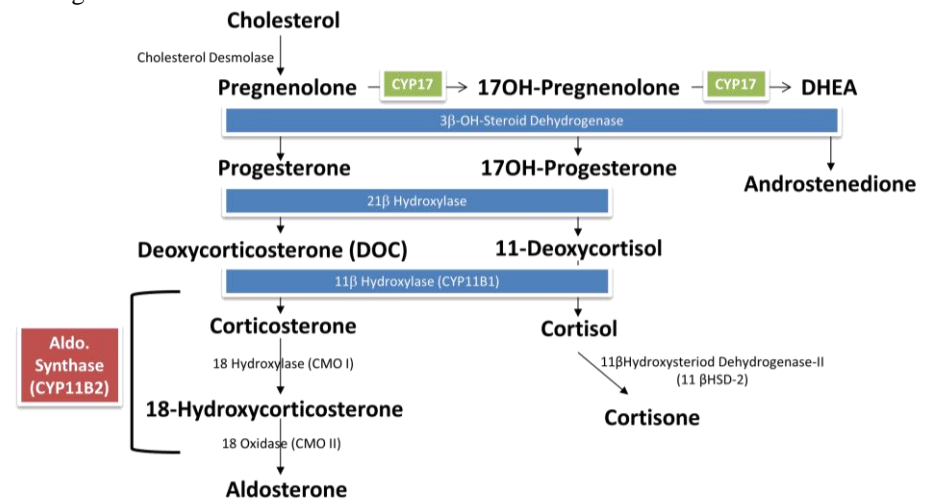
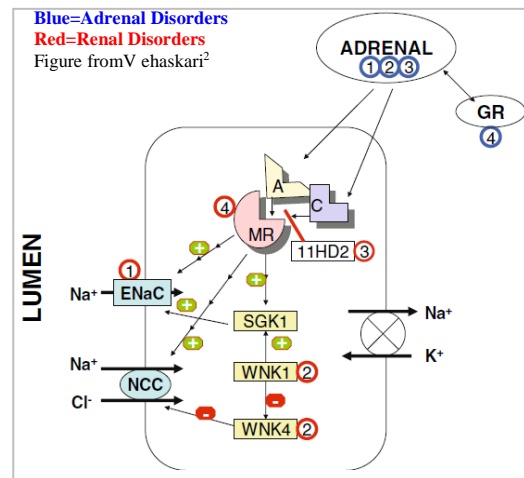
Synonyms/Mutation

Familial Hyperaldosteronism type I; *CYP11B2/B1* cross-over
CLCN2 mutation
KCNJ5 mutation
CACNA1H mutation
11βhydroxylase deficiency, *CYP11B1* deficiency
17α-hydroxylase/17,20-Lyase deficiency, *CYP17* deficiency
Primary Cortisol resistance
Gordon's syndrome, Chloride Shunt syndrome
11βHydroxysteroid Dehydrogenase type II Deficiency
Geller's syndrome, MR_{L810}, HTN worsened in Pregnancy

References¹⁻⁴

3, 4
3-6
3, 4, 7, 8
3, 4, 9
3, 4
10
10
11, 12
13, 14
15
16

Syndrome	Heritance	Aldo	PRA	K ⁺	Diagnostic Clues	Specific Treatment
1. FH-I/GRA	AD	↑↑	↓	-/↓	↑Aldo, Dex suppression, Fam. Hx., 18-OH steroids, <i>CYP11B2/B1</i>	Glucocorticoid
2. FH-II	AD	↑↑	↓	-/↓	↑Aldo, No Dex suppression, Fam. Hx., adrenal nodules, <i>CLCN2</i>	MR antagonist
3. FH-III	AD	↑↑	↓	-/↓	↑Aldo, childhood onset, <i>KCNJ5</i>	MR antagonist
4. FH-IV	AD	↑↑	↓	-/↓	↑Aldo, incomplete penetrance, <i>CACNA1H</i>	MR antagonist
5. PASNA	sporadic	↑↑	↓	-/↓	↑Aldo, incomplete penetrance, <i>CACNA1H</i>	MR antagonist
6. CAH (11β)	AR	↓	↓	-/↓	↓Cortisol, ↑Androgen, ↑DOC, ↑11-deoxycortisol	Glucocorticoid replacement
7. CAH (<i>CYP17</i>)	AR	↓	↓	-/↓	↓Cortisol, ↓Androgens, ↑DOC, ↑18OHB	Glucocorticoid/Androgen replacement
8. GR	AD	-	-/↓	↓	↑↑Cortisol, ↑↑ACTH	MR antagonist
1. Liddle's	AD	↓	↓	↓	Amiloride response	Amiloride/Triamterene
2. FHH	AD	-	-/↓	↑	Hyperkalemia, mild Acidosis, Hypercalciuria	Thiazides
3. AME	AR	↓	↓	↓	MR antagonist response, ↑Cortisol/Cortisone ratio	MR antagonist
4. AMR	AD	↓	↓	-	Worsens with spironolactone	Block downstream (Amiloride)
5. HTN-Br	AD	-	-	-	brachydactyly, Turkish/German heritage	Unknown



References:

1. Lifton RP, Gharavi AG, Geller DS. Molecular mechanisms of human hypertension. *Cell*. 2001; 104: 545-556.
2. Vehaskari VM. Heritable forms of hypertension. *Pediatr Nephrol*. 2009; 24: 1929-1937.
3. Monticone S, Buffolo F, Tetti M, *et al*. GENETICS IN ENDOCRINOLOGY: The expanding genetic horizon of primary aldosteronism. *Eur J Endocrinol*. 2018; 178: R101-R111.
4. Perez-Rivas LG, Williams TA, Reincke M. Inherited Forms of Primary Hyperaldosteronism: New Genes, New Phenotypes and Proposition of A New Classification. *Exp Clin Endocrinol Diabetes*. 2018; 10.1055/a-0713-0629.
5. Fernandes-Rosa FL, Daniil G, Orozco IJ, *et al*. A gain-of-function mutation in the CLCN2 chloride channel gene causes primary aldosteronism. *Nat Genet*. 2018; 50: 355-361.
6. Scholl UI, Stolting G, Schewe J, *et al*. CLCN2 chloride channel mutations in familial hyperaldosteronism type II. *Nat Genet*. 2018; 50: 349-354.
7. Choi M, Scholl UI, Yue P, *et al*. K⁺ channel mutations in adrenal aldosterone-producing adenomas and hereditary hypertension. *Science*. 2011; 331: 768-772.
8. Zennaro MC, Jeunemaitre X. Mutations in KCNJ5 gene cause hyperaldosteronism. *Circ Res*. 2011; 108: 1417-1418.
9. Scholl UI, Stolting G, Nelson-Williams C, *et al*. Recurrent gain of function mutation in calcium channel CACNA1H causes early-onset hypertension with primary aldosteronism. *eLife*. 2015; 4: e06315.
10. New MI. Inborn errors of adrenal steroidogenesis. *Mol Cell Endocrinol*. 2003; 211: 75-83.
11. Karl M, Lamberts SW, Detera-Wadleigh SD, *et al*. Familial glucocorticoid resistance caused by a splice site deletion in the human glucocorticoid receptor gene. *J Clin Endocrinol Metab*. 1993; 76: 683-689.
12. Hurley DM, Accili D, Stratakis CA, *et al*. Point mutation causing a single amino acid substitution in the hormone binding domain of the glucocorticoid receptor in familial glucocorticoid resistance. *J Clin Invest*. 1991; 87: 680-686.
13. Hadchouel J, Ellison DH, Gamba G. Regulation of Renal Electrolyte Transport by WNK and SPAK-OSR1 Kinases. *Annu Rev Physiol*. 2016; 78: 367-389.
14. Wilson FH, Disse-Nicodeme S, Choate KA, *et al*. Human hypertension caused by mutations in WNK kinases. *Science*. 2001; 293: 1107-1112.
15. Yau M, Haider S, Khattab A, *et al*. Clinical, genetic, and structural basis of apparent mineralocorticoid excess due to 11beta-hydroxysteroid dehydrogenase type 2 deficiency. *Proc Natl Acad Sci U S A*. 2017; 114: E11248-E11256.
16. Geller DS, Farhi A, Pinkerton N, *et al*. Activating mineralocorticoid receptor mutation in hypertension exacerbated by pregnancy. *Science*. 2000; 289: 119-123.