

Complete Information on Bartter syndrome

Bartter syndrome may be genetic and the condition is present from before birth (congenital). Bartter syndrome refers to a rare group of conditions that affect the kidneys. People with Bartter syndrome have a loss of potassium (hypokalemic alkalosis) and a rise in the hormone aldosterone. Bartter described this combination of juxtaglomerular hyperplasia, hyperaldosteronism, and hypokalemic alkalosis. It is thought to be caused by a defect in the body's ability to reabsorb potassium. Individuals with Bartter syndrome have a disturbed acid-base ratio associated with a loss of potassium (hypokalemic alkalosis).

Low amounts of potassium may consequence from overproduction of a inevitable hormone (aldosterone) that is essential in controlling blood pressure and regulating sodium and potassium levels (hyperaldosteronism). Level so, the blood pressure of people with Bartter syndrome is normal. Chronic vomiting patients will also have low urine chloride levels. Abuse of diuretic medications (water pills) must screen urine for multiple diuretics before diagnosis is made. Magnesium deficiency patients will also have low serum and urine magnesium. Patients with Bartter syndrome may also have dignified renin and aldosterone levels.

Bartter syndrome results from insaned NaCl transport in the ascending thick limb of the loop of Henle and the distal tubule. Subsequent K, Na, and Cl wasting leads to increased renin and aldosterone release, metabolic alkalosis, hyperuricemia, hypomagnesemia, hypercalciuria, and increased prostaglandin secretion. Bartter syndrome usually appears in childhood as a sporadic or familial disorder (usually autosomal recessive). Bartter and Gitelman syndromes are both characterized by hypokalemia, normal to low blood pressure (hypotension), and hypochloremic metabolic alkalosis.

Bartter syndrome can be prevented by taking potassium supplements and a drug that reduces excretion of potassium into the urine, such as spironolactone. Bartter syndrome is treated by keeping the blood potassium level above 3.5 mEq/L. Many patients also need salt and magnesium supplements, as well as medicine that block the kidney's ability to get rid of potassium. Nonsteroidal antiinflammatory drugs (NSAIDs) can be used as well, and are particularly helpful in patients with neonatal Bartter's syndrome. Angiotensin-converting enzyme (ACE) inhibitors can also be used.

About the Author

Juliet Cohen writes articles for [health care blog](#). She also writes articles for [hairstyles gallery](#).

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