**Clinical Use**
- Assess aldosterone production
- Diagnose hypo- and hyperaldosteronism

**Reference Range**

**Tetrahydroaldosterone**

<table>
<thead>
<tr>
<th>Adults</th>
<th>6-79 μg/24-h</th>
<th>6-50 μg/g creat</th>
</tr>
</thead>
</table>

**Creatinine**

| g/24-h | 0.11-0.68 | 0.17-1.41 | 0.29-1.87 | 0.63-2.50 |
| 3-8     | 9-12       | 13-17      | >18       |

**Interpretive Information**

- Primary hyperaldosteronism
- Secondary hyperaldosteronism
- Hypoaldosteronism
- Liddle’s syndrome (pseudoadosteronism)
- Apparent mineralocorticoid excess (AME)
- Licorice root or tobacco chewing

**Clinical Background**

Tetrahydroaldosterone is a urinary metabolite of aldosterone and serves as an index of aldosterone secretion. Measurement is useful in the diagnosis of disorders of aldosterone production, since it provides an integrated measure of the 24-hour plasma aldosterone level.

**Method**

- Gas chromatography/mass spectrometry (GC/MS)
- Analytical sensitivity: 1 μg/L

**Specimen Requirements**

5.0 mL frozen aliquot of a 24-h urine collection; 2.1 mL minimum

Refrigerate during collection; do not use preservatives.