

Supplemental Table S4. Clinical Characteristics in 14 Primary Aldosteronism Patients with Discordance of CT and Adrenal Vein Sampling in Those with Hypokalemia, PAC >30.0 ng/dL, and Unilateral Lesion on CT

Case	Age, yr	Serum potassium, mEq/L	PAC, ng/dL	Nodule size, cm	Sex	LI	CL suppression (CLR)	Treatment	Surgical outcome	
									Clinical	Biochemical
1	29	2.7	179.00	1.4	Women	2.0	Yes (0.42)	Medication		
2	31	3.0	49.60	1.6	Men	1.3	Yes (0.22)	Medication		
3	40	2.9	34.90	1.3	Women	57.8	Yes (0.22)	Surgery	Complete	Complete
4	44	2.7	36.90	1.8	Women	1.8	Yes (0.13)	Medication		
5	44	3.0	76.40	1.8	Men	2.9	No (1.00)	Surgery	No data	No data
6	46	3.2	38.50	3.2	Men	2.7	No (1.20)	Surgery	Complete	Partial
7	53	3.3	50.30	1.5	Men	2.4	Yes (0.21)	Medication		
8	53	3.2	53.60	1.8	Men	1.1	Yes (0.10)	Medication		
9	57	3.3	42.20	1.0	Men	2.3	No (1.35)	Medication		
10	58	2.8	54.00	1.3	Women	2.4	Yes (0.16)	Medication		
11	59	2.9	41.20	1.1	Men	1.9	Yes (0.17)	Medication		
12	61	3.4	44.90	1.5	Women	1.4	Yes (0.11)	Medication		
13	63	3.2	47.30	1.7	Men	1.5	Yes (0.15)	Medication		
14	70	2.5	78.60	1.3	Men	2.0	Yes (0.21)	Surgery	Partial	Partial

Biochemical and clinical outcomes at 3 months after unilateral adrenalectomy were evaluated based on the recent international the Primary Aldosteronism Surgical Outcome (PASO) consensus [1].

CT, computed tomography; PAC, plasma aldosterone concentration; LI, lateralization index; CL, contralateral; CLR, contralateral ratio.