

evidence links other sleep-related disorders to hypertension, including restless legs syndrome and sleep-related bruxism

Coarctation of the aorta is the most common congenital cardiovascular cause of hypertension ([Chap. 269](#)). The incidence is 1–8 per 1000 live births. It is usually sporadic but occurs in 35% of children with Turner's syndrome. Even when the anatomic lesion is surgically corrected in infancy, up to 30% of patients develop subsequent hypertension and are at risk of accelerated coronary artery disease and cerebrovascular events. Patients with less severe lesions may not be diagnosed until young adulthood. Physical findings include diminished and delayed femoral pulses and a systolic pressure gradient between the right arm and the legs and, depending on the location of the coarctation, between the right and left arms. A blowing systolic murmur may be heard in the posterior left interscapular areas. The diagnosis may be confirmed by thoracic and abdominal CT, angiogram, and transesophageal echocardiography. Therapeutic options include surgical repair and balloon angioplasty, with or without placement of an intravascular stent. Subsequently, many patients do not have a normal life expectancy but may have persistent hypertension, with death due to ischemic heart disease, cerebral hemorrhage, or aortic aneurysm.

Several additional endocrine disorders, including *thyroid diseases* and *acromegaly*, cause hypertension. Mild diastolic hypertension may be a consequence of hypothyroidism, whereas hyperthyroidism may result in systolic hypertension. *Hypercalcemia* of any etiology, the most common being primary hyperparathyroidism, may result in hypertension. *Preeclampsia*, a hypertensive disorder of pregnancy that commonly presents after 20 weeks of gestation, may be a risk factor for subsequent cardiovascular disease and stroke. Hypertension also may be related to a number of prescribed or over-the-counter *medications and other substances*.

MONOGENIC HYPERTENSION

In addition to glucocorticoid-remediable primary aldosteronism, a number of rare forms of monogenic hypertension have been identified ([Table 277–4](#)). These disorders may be recognized by their