Validation of Posterior Cortical Atrophy Through Inter-Departmental Collaboration
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Objective: We present a patient with rapidly progressive visual decline of 2-year duration that interfered with daily functioning. She was evaluated by neuro-ophthalmology and neurology prior to neuropsychological referral. A series of evaluations led to diagnosis of posterior cortical atrophy, demonstrating the importance of inter-departmental collaboration. Method: A 66-year-old white female presented with a 2-year history of progressive changes to vision and memory. Medical history included hypertension, dyslipidemia, and a strong family history of optic neuropathy causing blindness. She was diagnosed with a left homonymous hemianopia. MRI revealed "significant cortical atrophy more remarkable on the right temporal, parietal, and occipital regions." She reported dressing apraxia, unsteady gait, declines in reading and writing, and difficulty recalling well-learned information. Results: She was a good historian, had fluent speech and no apparent comprehension difficulty. Neuropsychological evaluation revealed relatively preserved language and verbal abilities, including confrontation naming, in the presence of otherwise impaired performances across all domains of functioning. She demonstrated agraphia, acalculia, left-right confusion, and difficulties with motor programming. Perceptual and constructional tasks revealed prominent deficits in visual integration, map orientation, form discrimination, and construction of simple geometric designs. She was perseverative and susceptible to verbal and visual stimulus pull. Conclusions: The pattern on neuropsychological testing, with prominent visual spatial and perceptual difficulties, was consistent with posterior cortical atrophy. The decline in visual ability is likely exacerbated but not entirely explained by left hemianopia. Neuropsychological, neuroimaging, and visual field evidence demonstrated posterior cortical atrophy in the absence of positive biomarker evidence, leading to initiation of anti-cholinesterase therapy.