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## **P-57 Decade-long undiagnosed orthostatic hypotension: snap diagnosis in primary care**

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### **Introduction**

Pure autonomic failure (PAF) is one of the synucleinopathies causing neurogenic orthostatic hypotension. It is a degenerative disease without impairment of movement and cognitive function. Therefore, patients with this disease are likely to see primary care physicians first. It is a rare disease, but the diagnosis can be easily made if the characteristic history, long-term episodes of orthostatic hypotension, is obtained. The purpose of this case report is to introduce a typical case presentation which can remind primary care physicians of this disease as a differential diagnosis.

### **Case Presentation**

A 76 year-old man presented to our outpatient department with a chief complaint of syncope of 1 year duration. He noticed palpitation and general malaise while standing 12 years earlier, but they began to occur even while sitting 6 years earlier. His symptoms were relieved by a supine position, crossing legs, and sitting on the knees “seiza”. He also had the symptoms of autonomic nerve dysfunction such as constipation, dysuria, hypohidrosis, and early satiety, but did not have paralysis, numbness, weakness, tremor, and hallucination. On an attempt to test orthostatic blood pressure change, he developed syncope. He had no extra-pyramidal tract abnormality, cerebellar ataxia, and cognitive impairment. Secondary causes of neurogenic orthostatic hypotension were almost excluded with his decade-long history of the symptoms, and the results of further work-up were not compatible with the secondary causes. The diagnosis of PAF was made.

### **Discussion**

PAF can be a snap diagnosis in primary care settings when the orthostatic hypotension lasts many years and remains undiagnosed. A close follow-up even after the diagnosis is required since 80% of PAF cases are reported to develop other synucleinopathies such as Parkinson’s disease.