



Posterior Cortical Atrophy: Clinical, Cognitive, and Imaging features from an Indian Cohort

P1-10

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KEY TAKEAWAYS: 1. PCA represented 5.3% of Alzheimer's disease cases in our cohort. 2. Visuospatial deficits and constructional apraxia were nearly universal. 3. Dressing apraxia emerged as a prominent clinical feature. 4. Earlier disease onset was associated with greater visuospatial and attentional deficits. 5. PCA remained underrecognized, resulting in substantial diagnostic delay.

INTRODUCTION

Background

- Posterior cortical atrophy (PCA) is a progressive neurodegenerative disorder characterized by visuospatial, visuoperceptual, and symbolic deficits.^{1,2}
- Despite well-defined diagnostic criteria, it remains understudied, particularly in South Asian diverse populations.⁴

Aims:

- To characterize the clinical and cognitive features of PCA in a culturally and linguistically diverse Indian cohort—diagnosed using validated tools and the current consensus classification.
- To examine the factors associated with cognitive performance, characterize the hemispheric differences in clinical manifestations, and study the survival outcomes in PCA.

METHODS

Design & Participants

- Retrospective study at a Cognitive Disorders Clinic, tertiary-care institute in South India
- From CDC registry: 943 AD patients (2016–2025) screened; two reviewers independently identified cases meeting 2017 consensus PCA criteria²

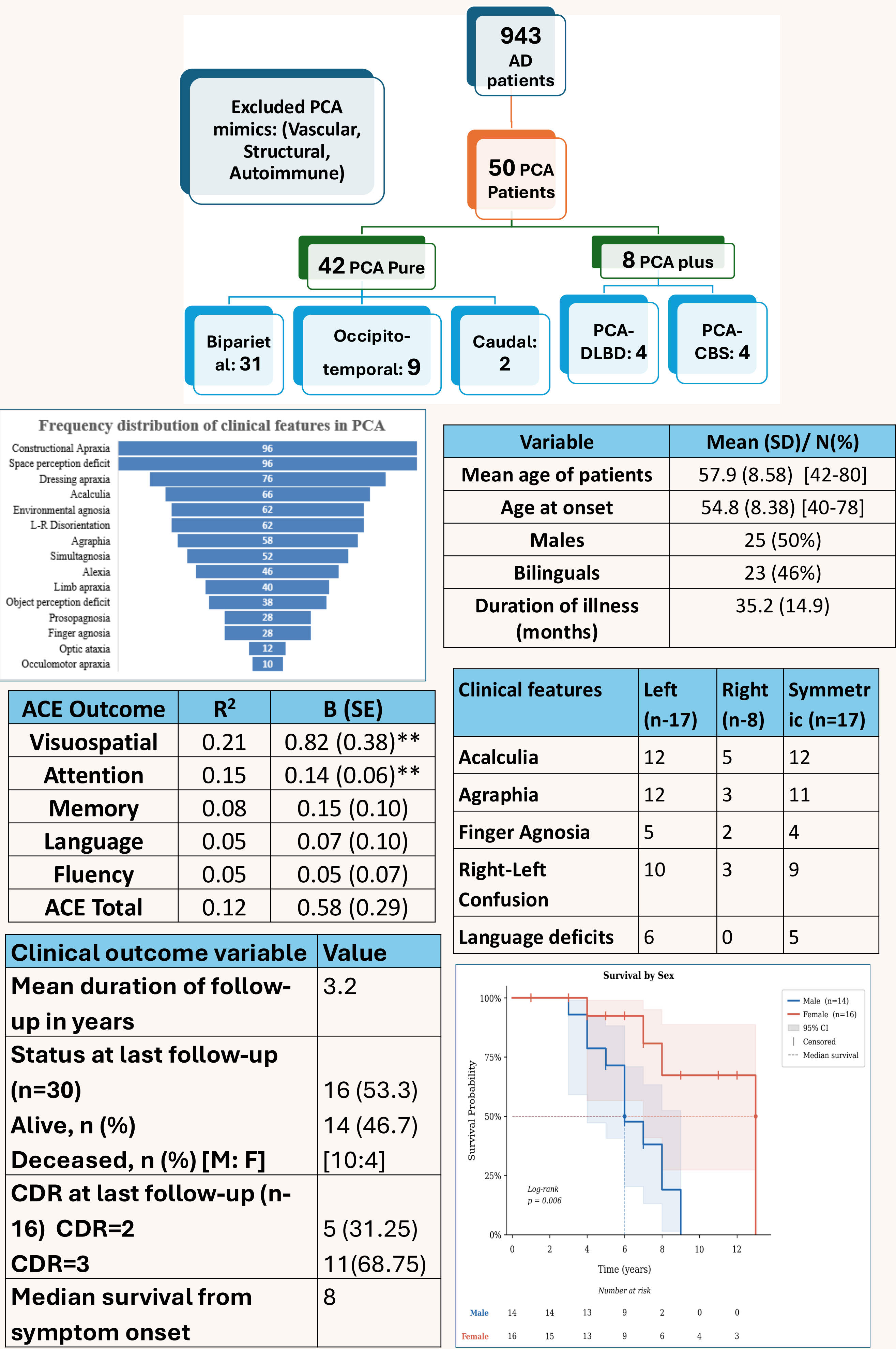
Clinical & Cognitive Assessment

- Demographics/clinical features from first consultation; severity staged by CDR
- Cognition: ACE-III (attention, memory, language, fluency, visuospatial + global), validated across Indian languages
- Parieto-occipital features (simultagnosia, object/space perception, visuospatial/symbolic deficits) via 2-D/3-D construction, dot counting, fragmented letters, reading/writing/calculation.⁴
- Longitudinal outcomes via telephonic follow-up (current CDR/cause of death).

Neuroimaging

- 3T MRI in 46/50 patients; FDG-PET in 18 additional patients
- Interrater reliability- 0.86 (95% CI: 0.81–0.91)

RESULTS



CONCLUSION

- Largest PCA cohort** from a diverse South Asian population assessed with cognitive tools validated across multiple languages.
- A notably higher rate of dressing apraxia reflecting the demands of culturally specific garments.
- Advanced disease severity at presentation underscores late PCA diagnosis and a critical barrier to early identification and intervention—especially important in the era of disease-modifying therapies.
- Way forward:** These findings make a strong case for culturally appropriate deep cognitive phenotyping and **greater representation of diverse global populations**; larger cohorts with systematic evaluation frameworks warranted.

REFERENCES

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