Clinical criteria for Lewy Body Dementia (LBD) are highly specific but offer only a low sensitivity. Therefore clinical diagnosis is much less common than diagnosis in histopathological samples. Activation of the dopamine transporter measured with DatScan is one possibility to increase accuracy. Here we report three cases of possible LBD presenting with only one core symptom (in one case fluctuations and in the other visual hallucinations), respectively only query visual hallucinations and fluctuations. Parkinsonism was absent in all patients. Although MMSE ranged in very mild stages (28, 26 and 24) in extensive neuropsychological testing there were deficits in memory, language, attention, executive functioning and visuo-construction. Orientation was present in all subjects. Diagnosis of Alzheimer’s disease was made, considering LBD as possible differential diagnosis. Due to neuropsychology in the presence of one core symptom DatScan was initiated and positive in all 3 subjects. Therefore diagnosis was changed to probable LBD according to the revised consensus criteria by McKeith et al. (2005).

In conclusion indication for DaScan should be facilitated when criteria for possible LBD are present even in the absence of extrapyramidal features. This is especially worthwhile when executive/attentional and visuoconstructive deficits are present and orientation is preserved.