We would like to report a patient with pernicious anemia whose first symptom was hypotension. The patient, a 31-year-old male, was admitted to our department 3 months ago with malaise, weakness and dizziness, especially in the upright position, associated with light-headedness. On examination, the patient was pale, with a blood pressure of 70/30 mm Hg in the upright position and 120/60 mm Hg in the supine position. Hb level was 8.0 g/l00 ml and he was hospitalized. Pernicious anemia was diagnosed by examining the peripheral blood, bone marrow smears, Schilling test and serum vitamin B<sub>12</sub> levels. He also had histamine refractory achlorhydra and atrophic gastritis. During his hospitalization, he injured his forehead. At that time his blood pressure was found to be 60/0 mm Hg. His clinical condition promptly improved with vitamin B<sub>12</sub> injections and 1 week after the first injection, orthostatic hypotension disappeared. Since then he is being followed up by our department and he no longer has anemia or hypotension.

We think that reversible orthostatic hypotension may develop into pernicious anemia without other neurological signs or diabetes mellitus, as pointed out previously [1-3]. It is probably a rare phenomenon, but patients with pernicious anemia must be closely observed for hypotension and it is also advisable to screen patients with chronic postural hypotension for vitamin B<sub>12</sub> deficiency.

References