

# There are effective therapies for acute CRAO

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# Two similar patients at presentation

- Two 64 yo white men
- Past medical history of HTN, dyslipidemia
- Acute painless visual loss in the right eye
  
- VA: Count fingers OD, 20/25 OS
- Color: no control plate OD, 14/14 OS
- Dense right RAPD
  
- CRAO right eye with retinal emboli



# Acute CRAO

- Patients sent immediately to ED of hospital with Stroke Center
- Unless diagnosis unsure, I do not obtain ocular imaging
- Immediate stroke workup
  - Cardiac monitoring
  - Blood tests
  - Brain and vascular imaging
  - Cardiac evaluation
  - Stroke neurologist

# Acute CRAO

<b>Patient 1</b> <b>3 hours post visual loss</b>	<b>Patient 2</b> <b>15 hours post visual loss</b>
Discuss thrombolysis with patient IV versus IA: Ideally <4.5 hours Inclusion in clinical trial?	Aspirin 325mg
Treatment of cause Secondary prevention of stroke	Treatment of cause Secondary prevention of stroke

# I do not recommend “conservative treatments”

- None has proven efficacy
- It only delays appropriate workup and care

# I do consider thrombolysis

- I prefer IV over IA:
  - Faster (allows shorter treatment window)
  - Easier
  - Should work as well as IA
  - Risk of cerebral hemorrhage not high in CRAO patients
  - Done in ED by stroke neurologist
    - Same protocol as for stroke

# If you do not believe me, read the following:

- Sharma et al. Treatment of nonarteritic acute central retinal artery occlusion. *As Pac J Ophthalmol* 2018 – in press.
- Dumitrascu et al. Is intravenous thrombolysis safe and effective in central retinal artery occlusion? *The Neurologist* 2017; 22: 153-156
- Preterre et al. Management of acute central retinal artery occlusion: intravenous thrombolysis is feasible and safe. *J Stroke* 2017; 12: 720-723.
- Schultheiss et al. Intravenous thrombolysis in acute central retinal artery occlusion – a prospective interventional case series. *PLOS One* 2018; 13: e0198114.