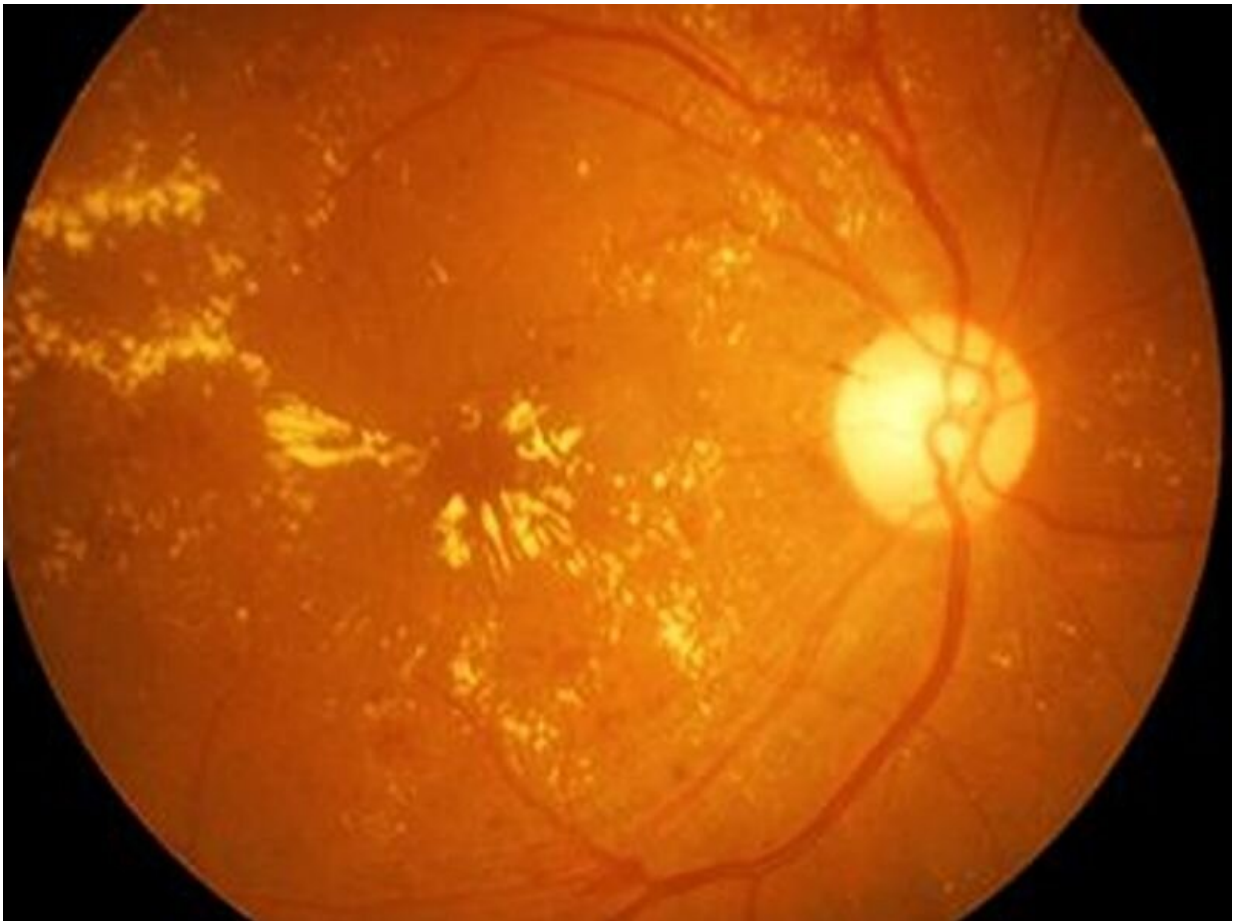


AHA issues statement on central retinal artery occlusion

April 12 2021



(HealthDay)—Acute central retinal artery occlusion (CRAO) is a

medical emergency, and patients should be immediately triaged to an emergency department for appropriate management, according to a scientific statement issued by the American Heart Association and published online March 8 in *Stroke*.

Brian Mac Grory, M.B., B.Ch., from the Duke Comprehensive Stroke Center at the Duke University School of Medicine in Durham, North Carolina, and colleagues conducted a review of the literature relating to management of CRAO. A panel of experts synthesized the data, submitted considerations for practice, and revised the drafts until consensus was achieved.

The authors note that acute CRAO is a [medical emergency](#), and immediate triage to an [emergency department](#) is necessary. In the setting of CRAO, two additions to the [stroke](#) code process are needed: a funduscopic examination to confirm diagnosis and exclude alternative causes, and a screening for arteritis. Sudden, painless, monocular vision loss most often results from CRAO and should be emphasized in public outreach campaigns as a symptom of potential stroke. Treatment with intravenous tissue plasminogen activator is suggested and may be considered for patients who have disabling visual deficits and who meet criteria after a thorough risk-benefit discussion. Secondary prevention should include collaboration between neurology, ophthalmology, and primary care medicine; risk factor modification is recommended for [secondary prevention](#).

"Central retinal artery occlusion is a cardiovascular problem disguised as an eye problem," Mac Grory said in a statement. "Unfortunately, a CRAO is a warning sign of other vascular issues, so ongoing follow-up is critical to prevent a future stroke or heart attack."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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