

## Central retinal artery occlusion may indicate a cardiovascular problem, say researchers

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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.

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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