

Ophthalmic Images

Gradual Reperfusion After Central Retinal Artery Occlusion

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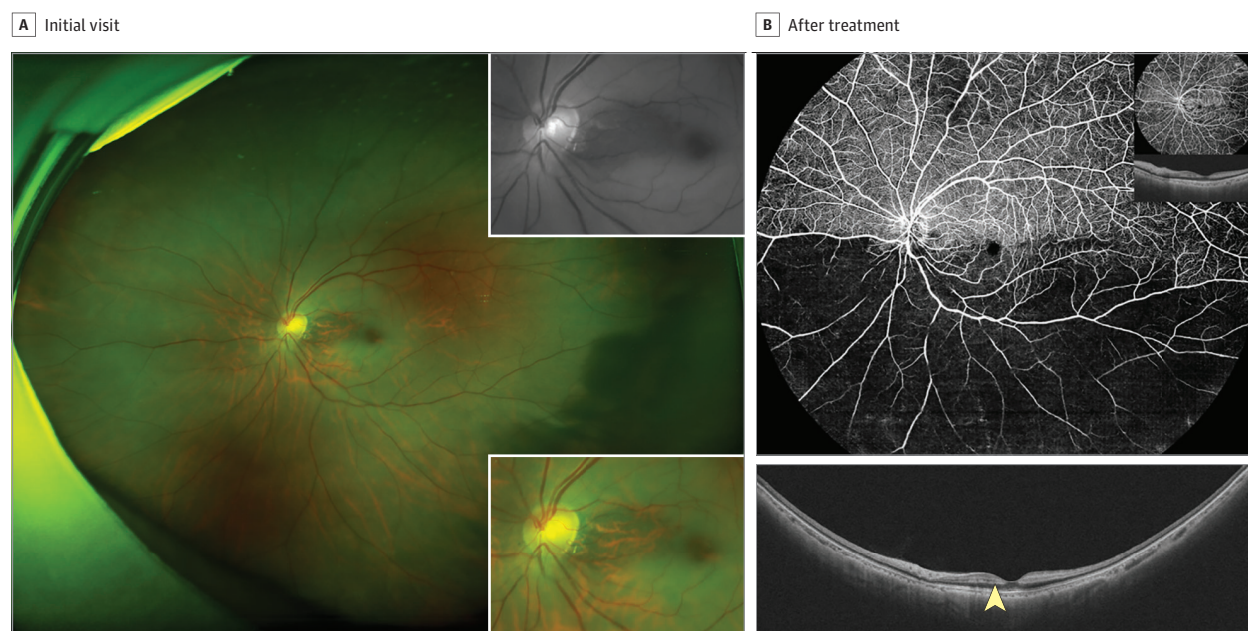


Figure. A, Fundus photograph revealing diffuse gray-white retinal edema (upper inset, red-free image). Lower inset, A cherry-red spot of the macula. B, Ultra-widefield swept-source optical coherence tomography angiography showing a decreased vascular signal in the inferior retina (upper panel), with hyperreflectivity (yellow arrowhead) of the inner retinal layers at the macula on optical coherence tomography B-scan (lower panel) 7 hours later. Insets, The recovered vascular signal (upper) and diminished inner retinal hyperreflectivity (lower) 6 days later.

A 67-year-old female presented 6 hours after acute vision loss in her left eye. Visual acuity was count fingers at 50 cm OS. Ophthalmoscopy showed diffuse gray-white retinal edema and a cherry-red spot of the macula (Figure, A). Central retinal artery occlusion was diagnosed. An immediate intravenous 10- μ g alprostadil injection was given. Seven hours later, the visual acuity improved to 20/500 OS. Meanwhile, optical coherence tomography (OCT) B-scan revealed hyperreflectivity of the

inner retinal layers at the macula. Ultra-widefield swept-source OCT angiography demonstrated a decreased vascular signal in the inferior retina, indicating that the embolus had moved and the occlusion became hemiretinal. The administration of 10- μ g alprostadil was continued daily. Six days later, the visual acuity was measured at 20/330 OS, with OCT angiography showing reperfusion of the inferior retina and diminished inner retinal hyperreflectivity on B-scan (Figure, B). It is unknown whether the improvement was due to the medication or only part of the natural course of the occlusion.

ARTICLE INFORMATION

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