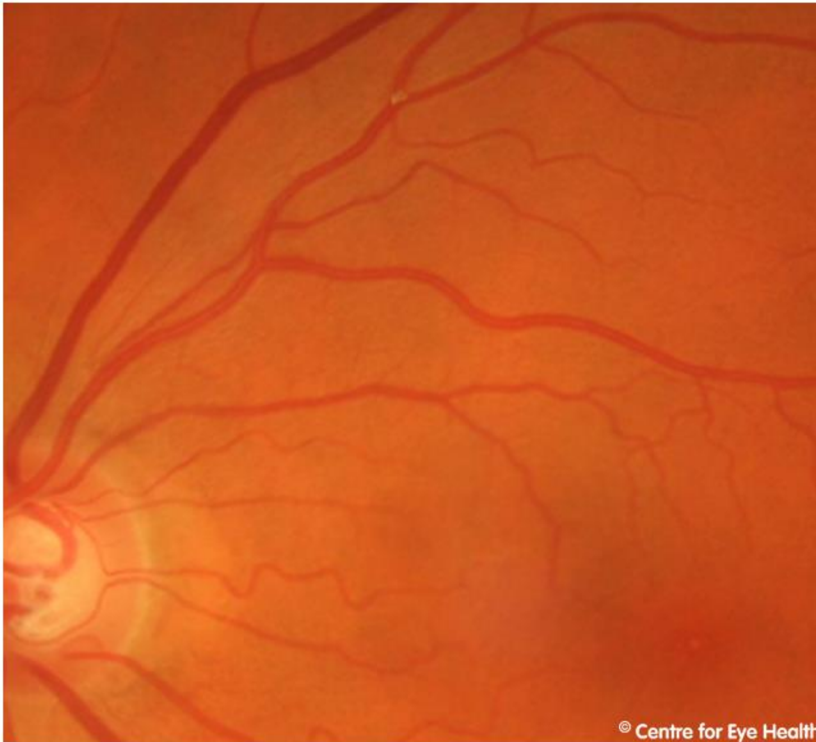
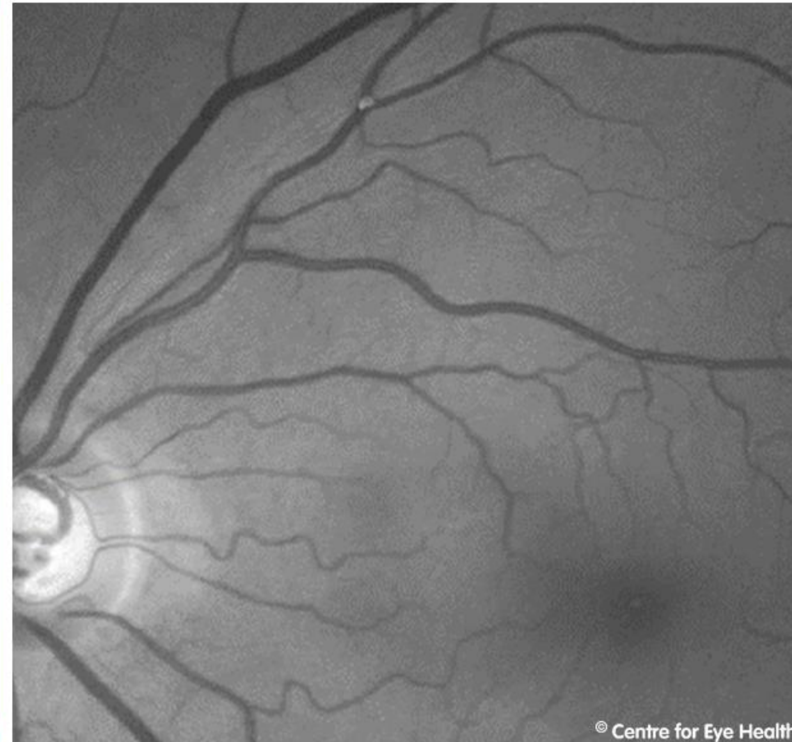
CFEH Cases

CFEH Facebook Case #96

An incidental finding in a 61 year old Caucasian male presenting for routine review is shown. He is taking blood pressure and heart medications. Upon questioning he mentioned a transient visual disturbance several months previously. What would be your management of this patient given this finding?





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ANSWER

This patient has a retinal embolism, most likely a Hollenhorst plaque.

The American Heart Association guidelines (2009) recommend that patients with transient ischaemic attack (TIA) or transient retinal ischaemia undergo a full cardiovascular work-up to determine the aetiology within 24 hours of the onset of symptoms. This is based on studies which show these patients have a 10% risk of stroke within 90 days (it is worth noting that half of these occur within the first 48 hours).

Retinal artery occlusions have a high association with subsequent stroke and stroke-related mortality – calculated at nearly 3 times higher than those without retinal emboli at baseline in a study by Wang et al (2006). Asymptomatic retinal emboli is associated with a moderately increased risk of associated mortality (independent of age, sex and vascular risk factors).

This patient was advised to undergo a full cardiovascular work-up within 1-2 days.

References

1. Wang et al. (2006) Retinal Arteriolar Emboli and Long-Term Mortalilty – Pooled Data Analysis From Two Older Populations. Pub *Stroke* 2006;37:1833-1836.
2. Vodopivec et al. (2017) Management of Transient Monocular Vision Loss and Retinal Artery Occlusions. Pub *Seminars in Ophthalmology* 2017; 32(1) 125-133