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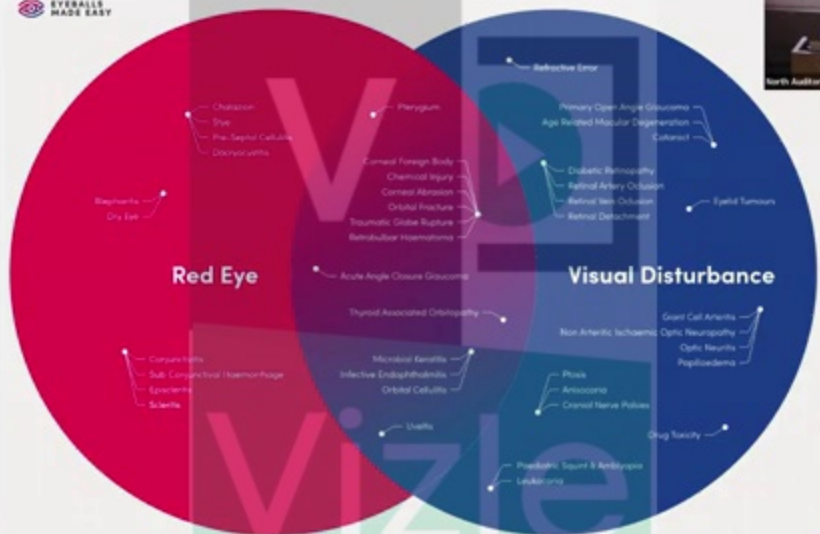
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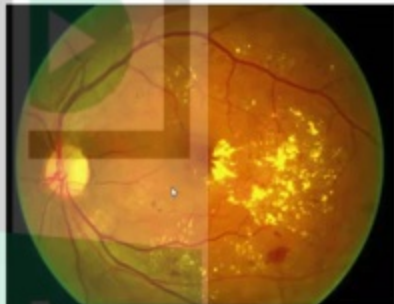
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ADVANCED (NEOVASCULAR) AGE RELATED MACULAR DEGENERATION

- **History**

- Painless acute central distortion or central scotoma – usually unilateral
- Elderly patients - usually 70+ years

- **Aetiology**

- Degenerative outer retinal changes → macular neovascular membrane

- **Examination**

- Central macular drusen +/- haemorrhage

- **Management**

- Urgent referral to Ophthalmology
- Smoking cessation
- Intravitreal anti-VEGF therapy



RETINAL VEIN OCCLUSION

- **History**

- Painless acute blurring/loss of vision (central and/or altitudinal)
- Middle aged or edlerly, history of HTN, diabetes, hyperlipidaemia

- **Aetiology**

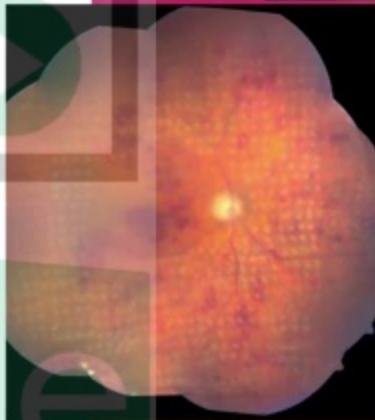
- Arteriosclerosis leading to vein occlusion at AV junction

- **Examination**

- Haemorrhages and dilated/tortuous veins, macular oedema
- +/- RAPD (CRVO), cotton wool spots, disc swelling
- Whole retina (CRVO) or hemi-retina (BRVO)

- **Management**

- Systemic vascular risk factors
- Urgent referral to ophthalmology
 - Intravitreal anti-VEGF or steroid therapy +/- retinal laser



RETINAL ARTERY OCCLUSION

• History

- Painless unilateral loss of vision, central and/or altitudinal
- Middle aged/elderly patients, vasculopathic/cerebrovascular history

• Aetiology

- Arteriolar embolus from carotid systemic or cardiac valve

• Examination

- Pallor of whole (CRAO) or hemi-retina (BRAO), cherry red spot (CRAO)
- Loss of whole (CRAO) or hemi-field (BRAO)
- +/- RAPD (CRAO), visible emboli

• Management

- Urgent stroke work-up:
 - CT angiogram head/neck, carotid doppler USS
 - Transthoracic echocardiogram, ECG +/- Holter
- Exclude giant cell arteritis in 60+ year olds (FBC, ESR, CRP)
- Urgent ophthalmology referral → Stroke referral → thrombolysis protocol (tPA)



RETINAL DETACHMENT

• History

- Painless unilateral flashes & floaters, progressive 'curtain' scotoma
- Middle aged/elderly, myopic, trauma, diabetes

• Aetiology

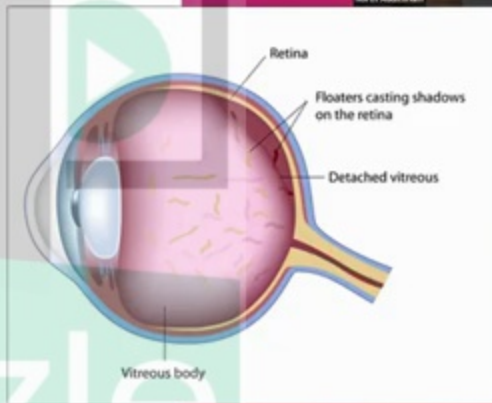
- Degenerative separation of vitreous from retina → retinal tear

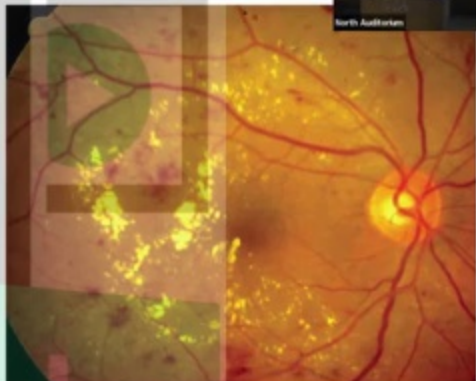
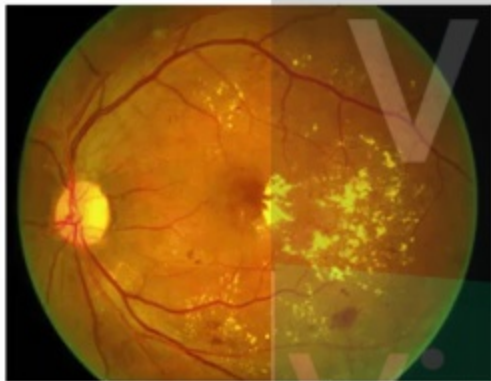
• Examination

- Greyish, corrugated looking retina – macula 'on' or 'off'
- Altitudinal or total visual field loss
- Normal fundus and fields → ? Vitreous detachment only

• Management

- Fast and prepare for surgery
- Urgent referral to ophthalmology
 - Vitrectomy or scleral buckle surgery





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