

# Central retinal artery occlusion: a race against time to save sight

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## **ABSTRACT**

Central retinal artery occlusion (CRAO) with cilioretinal artery sparing offers a unique clinical scenario where the macula remains perfused and functional. We are presenting a case of CRAO with cilioretinal artery sparing, offering a unique perspective on the condition. A 47-year-old Malay male with underlying hypertension and dyslipidaemia presented with sudden onset painless blurring of vision in the right eye (RE) for a day. Otherwise, he denied any trauma and no other associated eye complaints. On examination, the patient has a positive relative afferent pupillary defect of RE with vision of hand movement (HM). The anterior segment was unremarkable. The fundus of the RE showed presence of cherry red spot at the macula and retinal ischemia at all quadrants of the retina except at the papillomacular bundle area with no Hollenhorst plaque seen. Acute management of CRAO was given to him and the patient was comanaged with the medical team to screen risk of developing stroke. Unfortunately, his vision remained at HM after 6 weeks of attack. CRAO with cilioretinal artery sparing offers a glimmer of hope in an otherwise dire ophthalmic emergency. However, in our case, the vision remained the same as the patient presented 24-hours of CRAO attack. CRAO with cilioretinal artery sparing present in approximately 15–30% of the population.