

Acute Vision Loss



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KEYWORDS

- Amaurosis fugax • Vertebrobasilar insufficiency • Migraine • Vitreous hemorrhage
- Retinal detachment • Retinal vascular occlusion • Papilledema • Optic neuritis
- Ischemic optic neuropathy

KEY POINTS

- When a patient presents with acute vision loss, it is important to determine the duration of vision loss and if it has affected one eye or both eyes.
- Transient causes of acute vision loss, lasting less than 24 hours, include amaurosis fugax, vertebrobasilar artery insufficiency, and migraine.
- Common causes of acute vision loss lasting greater than 24 hours include acute angle closure glaucoma, vitreous hemorrhage, retinal detachment, retinal artery occlusion, retinal vein occlusion, optic neuritis, ischemic optic neuropathy, and cerebrovascular accident.
- Patients complaining of acute vision loss with additional neurologic symptoms such as weakness, numbness, paresthesia, dysarthria, dysphagia, or headache should be sent to the emergency room immediately.
- Patients with acute vision loss without neurologic symptoms should be referred to ophthalmology immediately to determine the cause of the vision loss.

ACUTE VISION LOSS

Causes of acute vision loss are described in [Table 1](#). Acute vision loss can be transient (lasting <24 hours) or persistent (lasting >24 hours). When evaluating a patient with acute vision loss, it is important to determine whether the vision loss affected one eye or both eyes.

TRANSIENT VISION LOSS

Amaurosis Fugax

Amaurosis fugax is monocular transient vision loss due to lack of blood flow and perfusion to the optic nerve and retina. It is painless, and patients classically describe a dark curtain

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Table 1	
Causes of acute vision loss	
Transient Vision Loss	Persistent Vision Loss
<i>Unilateral</i>	
Amaurosis fugax	Acute angle closure glaucoma Vitreous hemorrhage Retinal detachment Retinal artery occlusion Retinal vein occlusion Optic neuritis Ischemic optic neuropathy
<i>Bilateral</i>	
Papilledema Vertebrobasilar artery insufficiency Migraine	Cerebrovascular accident

or shade coming over their vision. Causes include carotid artery disease, other atherosclerotic disease, embolic disease from the heart or aorta, hypercoagulable/hyperviscosity state, illicit drugs such as cocaine, and rarely inflammation of the arteries.

Symptom criteria

- Painless, monocular vision loss with resolution of symptoms after seconds to minutes
- Darkening of vision
- May have presyncopal symptoms

Clinical findings

Physical examination typically shows age-appropriate ophthalmic findings with normal visual acuity, pupillary responses, and color vision. A dilated fundus examination may show signs of chronic underlying ischemic disease (ie, hypertension, diabetes) with arteriovenous nicking, attenuated vessels, cotton wool spots, or retinal hemorrhages.

Diagnostic modalities

Amaurosis fugax is a classic symptom of carotid artery disease. Workup must evaluate for sources of emboli and ischemia, including imaging with bilateral carotid Doppler ultrasonography and/or magnetic resonance angiography (MRA)/computed tomography (CT) angiography of the neck and/or head. An echocardiogram may be indicated to evaluate for embolic heart disease. Basic laboratory tests evaluating risk factors for hematologic and atherosclerotic disease, such as complete blood count (CBC), fasting blood glucose or hemoglobin A1C levels, and cholesterol levels, should be done to rule out other causes of ischemia and to optimize health maintenance.

Management goals

Prompt evaluation and workup is indicated to determine the extent of underlying systemic disease and to address risk factors for stroke. Modifiable risk factors, especially smoking, should be addressed, and the patient strongly advised to quit.¹ For symptomatic carotid artery disease with evidence of greater than 70% ipsilateral stenosis, carotid endarterectomy is indicated and reduces the risk of stroke by 70%.^{2,3} In cases with less than 70% ipsilateral stenosis, long-term aspirin administration (325 mg) is indicated.^{2,3}

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