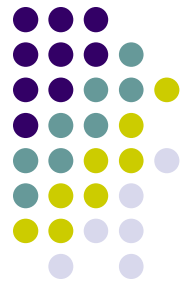


Q

Ocular ischemic syndrome (OIS) can be difficult to differentiate clinically from a partial/mild CRVO. For each statement, indicate whether it best applies to **OIS**, **CRVO**, or **Both**

- Retinal hemorrhages present:

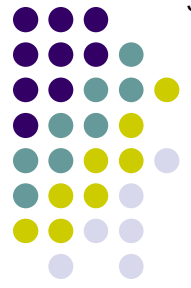




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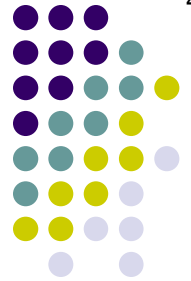
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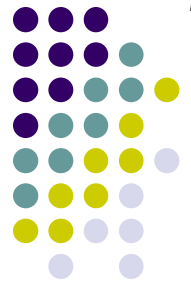
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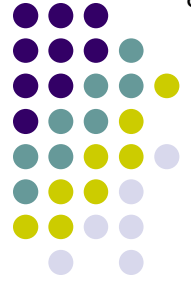
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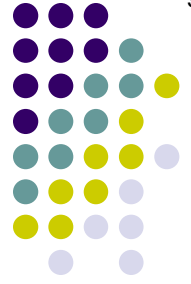
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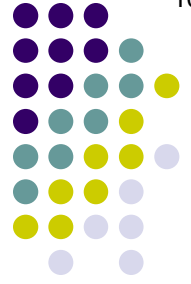
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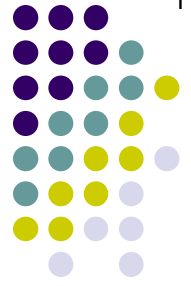
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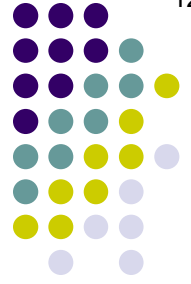
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What is ophthalmodynamometry?

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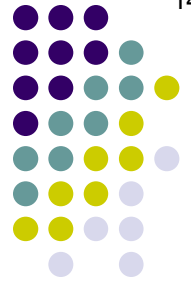
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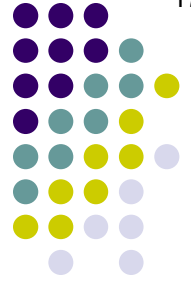
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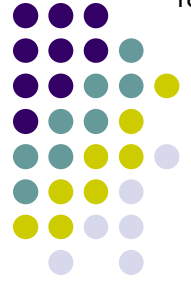
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Press on the globe while performing a slit-lamp indirect exam of the ONH; if the vessels collapse too easily, perfusion pressure is low

**Q**

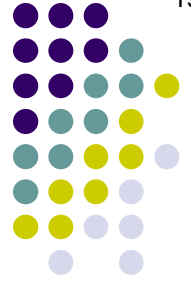
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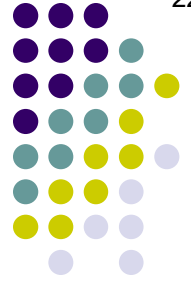
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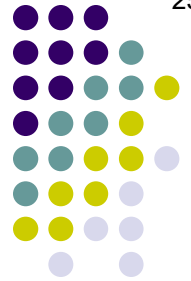
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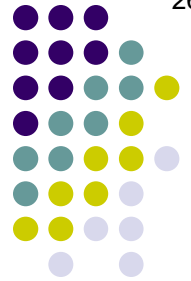
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Ocular ischemic syndrome (OIS) can be difficult to differentiate clinically from a partial/mild CRVO. For each statement, indicate

In OIS, does NVI lead to NVA with subsequent angle closure?

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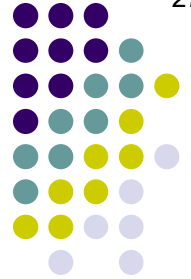
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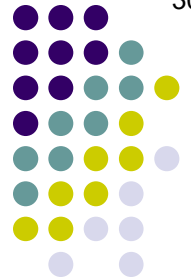
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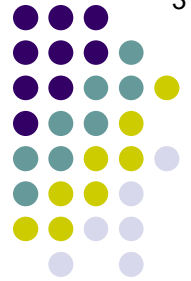
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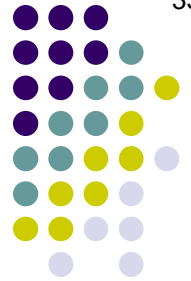
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What procedure is performed to re-establish blood flow?
Carotid endarterectomy (CEA). More on this shortly.

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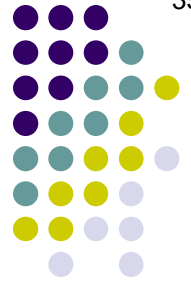
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How should NVI in OIS be managed?

Scatter PRP--it causes NVI regression in about 1/3 of cases

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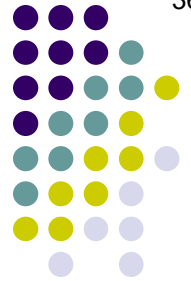
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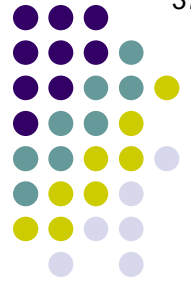
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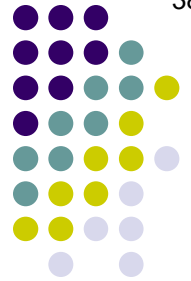
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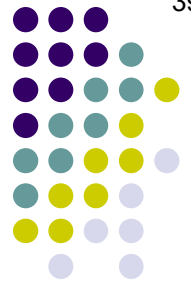
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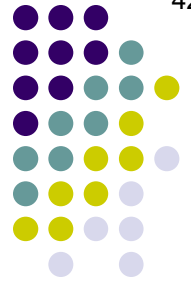
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What is the landmark clinical trial dictating management of carotid occlusive disease as is so often associated with OIS?

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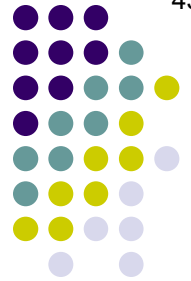
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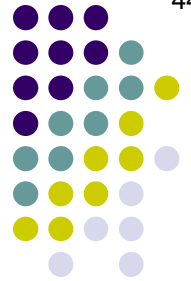
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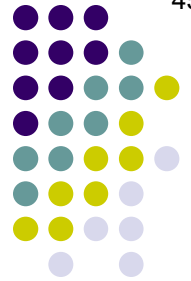
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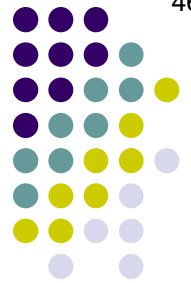
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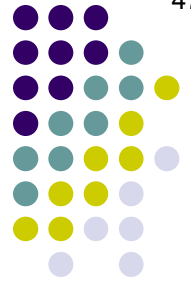
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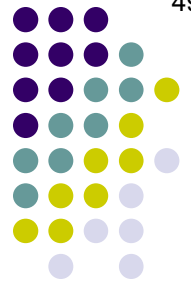
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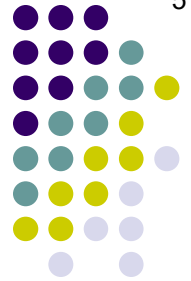
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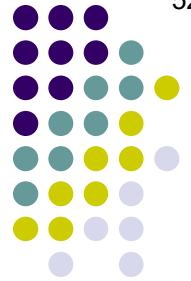
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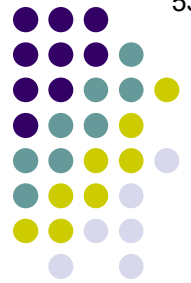
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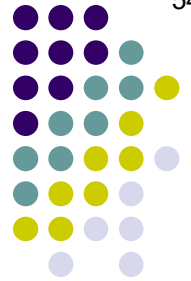


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It is not uncommon for pts with OIS to have 100% blockage of their ipsilateral carotid artery. Note that 100% blockage of the carotids is a **contraindication** to CEA, as it is ineffective in these cases.



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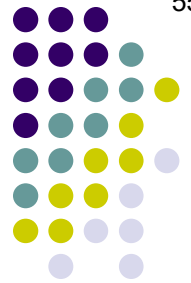
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