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

- It certainly can

Does OIS-induced neovascular angle closure lead inevitably to glaucoma?

- Not necessarily. OIS is associated with ciliary-body hypoperfusion, which leads to reduced aqueous production. In about half of OIS cases with angle closure, the IOP is normal or even low. If/when blood flow is re-established, severe IOP increase may result.

How should NVI in OIS be managed?

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

What is the visual prognosis associated with rubeosis in OIS?

- Per the Retina book, 90% of eyes with OIS-associated rubeosis will be ≤20/200 within one year

What is the general-health prognosis associated with OIS?

- OIS is indicative of serious systemic vasculopathy. If their vasculopathy is not adequately treated, OIS patients have a 5-year mortality of 40%.
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- Carotid endarterectomy (CEA). More on this shortly.

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The Carotid Endarterectomy Study

What forms of management were compared in the CEA Study?

It looked at CEA vs antiplatelet therapy for carotid occlusive disease in symptomatic patients.

How was symptomatic defined?

Patients had a history of TIA, amaurosis fugax, or nondisabling CVA.

What was the major finding of the CEA Study?

The major finding was that treatment risk/benefit ratio was a function of the extent of carotid blockage. Specific recommendations were as follows:

**70-99%**: risk of CVA 9% in CEA group, 26% in antiplatelet group; the benefit outweighed the risk, and these patients should be offered CEA.

**50-69%**: risk of CVA is 16% in CEA, 22% in antiplatelet group; the risk outweighed the benefit, and these patients should **not** be offered CEA.

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- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO
- Slow vision loss: OIS
- Retinal veins tortuous: CRVO
- Cell and flare present: OIS
- At risk for rubeosis iridis: Both

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The Carotid Endarterectomy Study

**What forms of management were compared in the CEA Study?**
It looked at CEA vs antiplatelet therapy for carotid occlusive disease in symptomatic patients

**How was symptomatic defined?**
Patients had a history of TIA, amaurosis fugax, or nondisabling CVA

**What was the major finding of the CEA Study?**
The major finding was that treatment risk/benefit ratio was a function of the extent of carotid blockage. Specific recommendations were as follows:
If blockage was…
- …70-99%: risk of CVA 9% in CEA group, 26% in antiplatelet group; the benefit outweighed the risk, and **these patients should be offered CEA**
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.

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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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