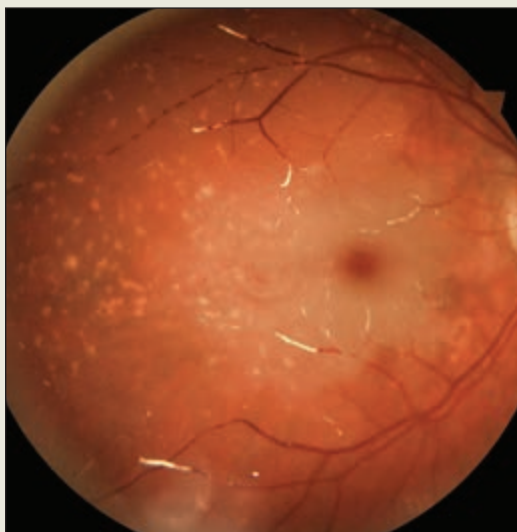


**WHAT IS THIS MONTH'S MYSTERY CONDITION?** Find the answer in the next issue, or post your comments online now at [www.eyenet.org](http://www.eyenet.org).



Carolyn Black, North Bend Medical Center, Coos Bay, Ore.

## LAST MONTH'S BLINK

# Central Retinal Artery Occlusion After Frontal Sinus Triamcinolone Injection

**A** 36-year-old man with cystic fibrosis and chronic sinusitis underwent endoscopic debridement and triamcinolone injections in the frontal sinus recesses bilaterally. Upon awakening from sedation, he reported to his surgeon that he could not see with his right eye. An ophthalmology consultation was requested.

The patient was examined in the recovery room of the ambulatory surgical center. His visual acuity was no light perception in the right eye and 20/20 (near, uncorrected) in the left eye. An absolute afferent pupillary defect was present in his right eye. A fundus exam of the right eye showed a central retinal artery occlusion with white intravascular inclusions. The fundus examination of the left eye was normal.

The fundus photo of the right eye shows whitening of the macula with a "cherry-red spot." The photo also shows white inclusions filling the ends of multiple retinal arterioles. There is disruption of temporal venules (superior greater than inferior). Multiple hypopigmented patches are noted in the choroid as well. The presumed mechanism is retrograde embolic transit of triamcinolone via the anterior ethmoid artery to the ophthalmic artery and its branches, including the central retinal artery.

Written by Debra A. Graham, MD, Bay Eye Clinic, North Bend, Ore.