

Acute Loss of Vision

Posterior Vitreous Detachment-most common cause of acute floaters. Flashing lights suggest traction on retina. Normal fields and VA. Refer to Ophthalmology to exclude retinal detachment.

Vitreous Haemorrhage-sudden onset of floaters/lights. VA depends on extent, tho can be normal. Reduced red reflex and clots of blood visible in vitreous. Refer to exclude retinal detachment. Can clear spontaneously or vitrectomy.

Retinal Detachment-sudden onset of floaters and flashing lights, or later as field loss. More likely in short sighted pt or trauma). VA depends on macular involvement. Ophthalmoscopy can be normal. Refer.

Arterial Occlusion-sudden "greyout" or curtain (amaurosis fugax). Permanent if infarcts. VA depends on the macula. Can lose pupil reflex if dense, with relative afferent pupil defect. Retinal artery supplies 2/3 of layer of retina, deepest 1/3 by choroids. Infarction gives pale, oedematous retina except at macular when choroids circulation shows cherry red spot. Scope can be normal before oedema. Infarction of optic nerve leads to pale swollen appearance. Exclude **temporal arteritis** and embolism. Treat with ocular massage, reduction in intraocular pressure (acetazolamide) or CO₂ rebreathing.

Venous Occlusion-VA only affected if temporal and affects macular. As arteries and veins share a sheath, most commonly occurs where they cross, in head of nerve. Hypertension is a cause, as are hyperviscosity syndromes. Occlusion leads to haemorrhage and oedema, and if central retinal vein then swelling of optic disc. Can have peripheral field loss. Scope shows flame haemorrhages. Afferent pupil defect and cotton wool spots imply ischaemic retina, a bad prognosis. Treat the cause (HT, DM, chronic glaucoma, hyperviscosity) and give antiplatelet.

Macular Degeneration-sudden disturbance of central vision, with straight lines appearing wavy. Macular may appear normal, raised or haemorrhagic. Refer

Optic Neuritis-usually young woman. Pain worse on eye movement. VA can be normal or poor, afferent papillary defect and red desaturation. Can have central scotoma (central field loss). Disc can be swollen or normal. Other demyelinating symptoms suggest MS. Exclude SOL, no specific treatment.

Cardiovascular and cerebrovascular disease- exclude causes

Migraine-usually FH of migraine, set off by stimuli (certain foods) fortification spectra, headache and nausea. Uncommon onset after 40. May have field defect. Analgesics and antiemetics. Prophylaxis.