

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/eye-on-ocular-health/identifying-central-and-branch-retinal-vein-occlusion/54486/>

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Identifying Central and Branch Retinal Vein Occlusion

ReachMD Announcer:

You're listening to *Eye on Ocular Health* on ReachMD. On this episode, we'll hear from Dr. Jessica Randolph, who's an Assistant Professor at Virginia Commonwealth University and a practicing vitreoretinal surgeon at Wagner Kapoor Institute in Richmond, Virginia. She'll be discussing how to effectively identify central and branch retinal vein occlusion.

Dr. Randolph:

The early clinical signs that will help recognize retinal vein occlusion are, symptomatically, the patients may have acute onset painless vision loss, whereas some other conditions may have pain or other symptoms. Usually, with these patients, they don't have any pain, and all of the sudden, they notice either part of their vision or all of their vision is blurry. And on examination, we're examining for hemorrhages and cotton wool spots in the retina.

Now, for a branch retinal vein occlusion, it may be sectoral, where it's only following one blood vessel, versus central retinal artery occlusion, which will be 360 degrees in the entire retina where you're seeing these hemorrhages and venous engorgement.

Distinguishing it from other presentations is partially based on the history, and also clinical signs. So I'd be considering diabetic retinopathy, which is often a concurrent condition that these patients have. And the changes with diabetes are usually more chronic and gradual, versus with vein occlusion, it's an all-of-the-sudden change. So, if I know that I saw them six months ago and their retinas were perfect, and now they have all of these changes in one area, then I'm much more concerned that it's a vein occlusion. I also want to rule out things like central retinal artery occlusion, which would be more of an emergency. And for that there are no hemorrhages typically, and the retina is pale and has a typical cherry red spot. And so those are the big things that I'm looking for, initially, to diagnose and distinguish the retinal vein occlusion from other conditions.

In terms of differentiating branch from central retinal vein occlusion, it's really about the clinical signs and where the hemorrhages are in the retina. So, with branch retinal vein occlusion, it's one vessel that is occluded, usually at an AV crossing—an arterio-venous crossing—and often, you can find that crossing spot where the artery is compressing the vein and causing the occlusion distal to that.

For central retinal vein occlusion, it's 360 degrees; all quadrants of the retina are involved, the veins are engorged, and there's diffuse hemorrhages in all quadrants. And usually, that is the result of compression of the vein at the lamina cribrosa—more proximal in the bloodstream—and so therefore, all of the retina is affected, compared to the branch, which is just one area, usually superotemporal.

ReachMD Announcer:

That was Dr. Jessica Randolph talking about the distinguishing characteristics of central and branch retinal vein occlusion. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!