

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/ischemic-vs-non-ischemic-rvo/54490/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Ischemic vs. Non-Ischemic RVO: How Do You Know?

ReachMD Announcer:

This is *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 the differences between ischemic and non-ischemic retinal vein occlusion.

Here's Dr. Randolph now.

Dr. Randolph:

When evaluating retinal vein occlusion, one thing I want to know is whether it's ischemic or non-ischemic retinal vein occlusion. And so, for that, the most important imaging, or the gold standard, is an intravenous fluorescein angiogram, where we do the dye test and take pictures. And we're looking for over 10 disc areas of non-perfusion on the angiogram.

Typically, nowadays, we use fluorescein angiogram a little bit less than in the past, when it was our only imaging modality. And so, often, we can look to other clinical findings like worse vision, much more severe vision, having presence of an APD, or more extensive hemorrhages and cotton wool spots as a clue that the patient may have ischemic retinal vein occlusion. The non-ischemic ones tend to be less severe and the vision is better, and they don't have an APD.

It is important to note the distinction of whether you think it's an ischemic or non-ischemic vein occlusion, because the ischemic central retinal vein occlusion will have a higher risk of other complications like neovascular glaucoma and the anterior segment neovascularization, so they require a little closer monitoring.

Either way, both patients need to be monitored, looking for that typical 90-day glaucoma that can happen as a result of them. Both groups need to have their risk factors discussed and modified to try to decrease those contributing factors that may have caused the vein occlusion in the first place. Additionally, anybody with a vein occlusion needs to be monitored for cystoid macular edema, because that would require additional treatment in the form of anti-VEGF injections or steroid injections.

ReachMD Announcer:

That was Dr. Jessica Randolph sharing how to differentiate ischemic and non-ischemic 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!