Transcript Details
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Retinal Vein Occlusion as a Marker of Systemic Risk

ReachMD Announcer:
This is *Eye on Ocular Health* on ReachMD. Today, we'll hear from Dr. Ashkan Abbey, who will be discussing the systemic risks and associations of retinal vein occlusion, or RVO. Dr. Abbey is the Director of Clinical Research at Texas Retina Associates in Dallas.

Here he is now.

Dr. Abbey:
I have looked, now, at an RVO as an ocular manifestation of systemic vascular risk. When we see this, we are seeing, in many cases, undiagnosed or undertreated hypertension first and foremost in many of these patients. And so that is something that needs to be considered and discussed with the primary doctor. But also, we have to make sure that we're ruling out any signs of diabetes, as well, that can be contributing to this. Dyslipidemia. We need to make sure that if the patient is a smoker, we need to get that in our history and actually encourage them very strongly to quit smoking.

Also, we need to see if there are any risk factors for glaucoma, as we know that is strongly associated with RVO as well. And so, if we do see anything suspicious with respect to glaucoma, we want to refer them to a glaucoma specialist as soon as possible.

And then, also, in the younger patients—the patients who are less than 50 years old—we need to be aware of the fact that this could be the first presentation, at least systemically, for a patient of who has a hypercoagulable state. And so that's something that we always keep in the back of our mind, that we need to be potentially working a patient up that's younger and healthier that presents with an RVO for a kind of hypercoagulable state that needs to be determined with blood work and, maybe, a referral to a hematologist.

So it really is going to reframe how a lot of people look at RVO in the future too, because we know about all these systemic risk factors that are associated with it. It shouldn't just be looked at as, oh, we need to dry the macula. But also, when we're seeing these patients, we need to say, why did this happen, and how do we reduce the chance of future vascular events, both ocular and systemic?

When we are seeing these patients, we need to also figure out a way to reduce their risk of having further ischemic damage to both eyes, because they may not have good control over their systemic risk factors for this. There is a high prevalence of cardiovascular disease in the patients who have retinal vascular disease. We know that more than half of patients with retinal vein occlusion have associated systemic disorders, including hypertension, hyperlipidemia, and diabetes.

And we do know that there are specific systemic associations that vary by the type of the occlusion, too. So BRVO shows us a significantly higher prevalence of arterial hypertension, peripheral vascular disease, and cerebral vascular disease compared to CRVO. Ischemic CRVO demonstrates greater prevalence of hypertension and diabetes compared to non-ischemic CRVO, as well. And, in the younger patients—the patients who are less than 50—we have seen that atherosclerotic diseases remain the most common association, but we definitely need to be considering those hypercoagulable states as well.

ReachMD Announcer:
That was Dr. Ashkan Abbey talking about how retinal vein occlusion can indicate greater systemic risks. 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!

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