**Blinded by the Blockage: A Case of Sudden Vision Loss Due to CRAO**

**Introduction**

Central retinal artery occlusion (CRAO) is the abrupt obstruction of central retinal artery. It is an uncommon instance of an ocular emergency that requires prompt recognition to prevent irreversible visual impairment.

**Case description**

84-year-old gentleman with a background of hypertension presented to emergency department with sudden onset blurring of vision over his left eye. On examination, patient’s GCS 15/15 with good CCTVR but a BP of 201/96, HR 87, RR 18, SPO2 99% under room air and afebrile. Other physical examinations were unremarkable. Visual acuity over left eye is unable to appreciate light with a positive RAPD. Patient was arranged for an immediate CT brain that turned out to be normal with no space occupying lesion. Then we served captopril and started on IVI GTN. Patient was immediately referred to ophthalmology and medical for left eye central retinal artery occlusion (CRAO). Ocular massage was done by ophthalmology team however visual prognosis is guarded.

**Discussion**

CRAO causes sudden painless monocular vision loss. The annual occurrence of this rare incidence is approximately 1-2 in 100,000 people. It is classified into nonarteritic and arteritic CRAO, usually affecting patients with cardiovascular risk factors or giant cell arteritis. Atherosclerosis, emboli and thrombus are the cause of the sudden blockage of the artery. The pathognomonic features of this disease is a positive relative afferent pupillary defect (RAPD) and a cherry red spot on the macula which is shown on this particular patient. Immediate management focuses on causing a sudden raise in pressure hoping that the clot will dislodge into peripheral vessel thus reversing the vision loss. Such ways including ocular massage, rebreathing in a plastic bag and a stat dose of carbonic anhydrase inhibitor. However, CRAO is associated with significant morbidity with guarded prognosis. In order to provide patients with CRAO with complete care, multidisciplinary collaboration is crucial.

**Conclusion**

CRAO is an ophthalmic emergency that requires rapid recognition and early intervention with close interdisciplinary collaboration for better outcome. By raising awareness, emergency care plays a vital role in picking up signs and symptoms to improve patient’s quality of life.

**Keywords**

CRAO, hypertension, ocular emergency