A 75-year-old man with hypertension presented to the emergency department complaining of sudden right eye visual field loss. His right visual acuity was 20/60. Fundus examination revealed multiple intravascular yellow-white plaques (Hollenhorst plaques; arrows) and pale retina (Figure A). Optical coherence tomography showed inner retinal edema in the involved area (Figure B). A diagnosis of branch retinal arterial occlusion was made. Tracking back his systemic history, he had internal carotid arterial occlusion 4 years ago. Since then, he has been taking low-dose daily aspirin to prevent heart attacks and strokes. One year later, his visual acuity was 20/50 and the pale retina resolved with multiple residual intra-arterial plaques (Figure C). Optical coherence tomography showed nerve fiber layer thinning superior to fovea (Figure D).

Branch retinal arterial occlusion stems from the obstruction of a branch of the central retinal artery and results in focal...
ischemia of the wedge-shaped area. A critical aspect of managing patients with branch retinal arterial occlusion is to assess their risk of stroke such as with carotid ultrasound and echocardiography as needed.

Potential Competing Interests: The author reports no competing interests.

Correspondence: Address to Kuan-Jen Chen, MD, Department of Ophthalmology, Chang Gung Memorial Hospital, No. 5 Fuhsing Street, Kwei-Shan, 333, Taoyuan, Taiwan (cgr999chiayi@yahoo.com.tw; Twitter: @KjChen11).