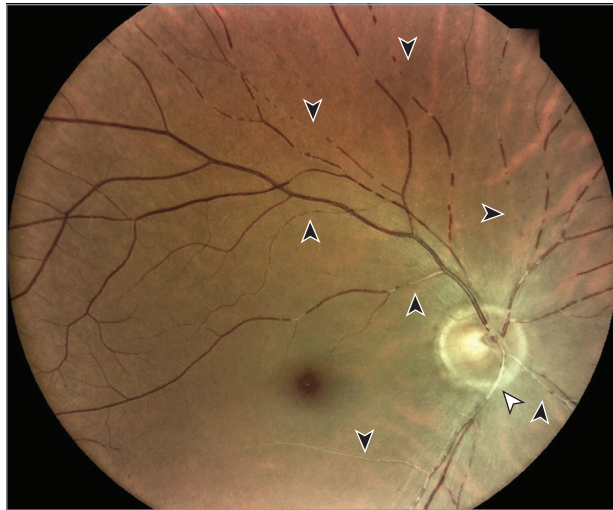


Ophthalmic Images

Central Retinal Artery Revascularization Promptly After Tenecteplase

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A Right fundus on presentation



B Right fundus 60 min after treatment

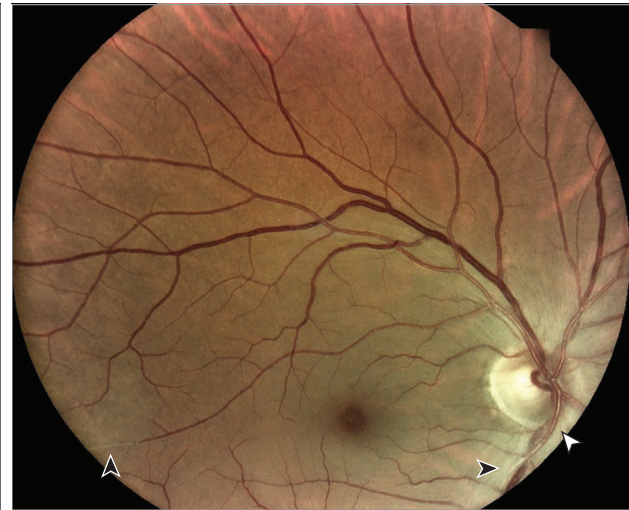


Figure. Fundus photograph of the right eye at presentation (A) and 60 minutes (B) after administration of tenecteplase. A, There is a cherry-red spot in the macula, retinal arteriolar boxcarring (black arrowheads), and likely an intra-arterial linear embolus within the inferior retinal artery at the disc (white arrowhead). B, There is resolution of the retinal whitening, retinal arteriolar boxcarring, and retinal embolus (white arrowhead) with minimal residual retinal arterial whitening temporally and inferiorly (black arrowheads).

A 70-year-old male presented to the emergency department with acute onset of painless monocular vision loss of his right eye. Visual acuity on presentation was light perception. Fundus photographs taken in the emergency department demonstrated diffuse inner retinal whitening, a macular cherry-red spot, segmental irregularities of the retinal arterioles (also known as *boxcarring*), and an intra-arterial embolus characteristic of a central retinal artery occlusion (CRAO) (Figure, A). He received intravenous tenecteplase,

0.25 mg/kg, 149 minutes after onset of persistent vision loss, with improvement in vision 15 minutes thereafter. Repeat fundus photographs taken 60 minutes after administration of tenecteplase demonstrated reperfusion of the retinal arteries (Figure, B). At ophthalmology clinic follow-up 3 weeks later, his visual acuity was 20/150 OD. This case provides photographically documented retinal revascularization after intravenous thrombolytics and contributes to the growing body of literature that suggests that this therapeutic option may hold promise in the management of CRAO.¹⁻⁵

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