

Ophthalmology – Acute Visual Loss: What You Cannot Afford to Miss

Whiteboard Animation Transcript

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Acute visual loss is something that you must take very seriously. Here are four conditions that you cannot afford to miss.

Number one – Retinal Detachment. Hours matter here. Think of this if there were preceding flashes or ‘floaters’, or if there is a new visual field defect in one eye. If referred early enough, retinal tear and detachment can be treated and visual loss prevented.

Number two – Angle-Closure Glaucoma. Think about this if your patient has painful loss of vision with a red eye, brow ache, nausea or vomiting. The eye pressure will be very high in the 40s, 50s or even 60 mmHg. Refer immediately for emergent laser treatment to the iris to prevent blindness^{1,2}.

Number three – Wet Macular Degeneration. Think about this in an elderly patient with new distortion with bleeding in the macula. Vision can be regained with prompt eye injections with anti-VEGF agents^{3,4,5}.

Lastly, Giant Cell Arteritis. Think about this condition in an elderly patient with jaw claudication, temporal pain, and weight loss. Placing the patient on steroids might save both their vision and their life. Sadly, if you miss this, your patient can quickly go blind in both eyes or even die from arteritis.

References

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