CENTRAL RETINAL ARTERY OCCLUSION FOLLOWING NECK CUPPING

Yu-Ling Liu,1 M.D., Jiunn-Feng Hwang,1 M.D., Lun-Chien Lo,2 M.D., San-Ni Chen,1 MD

Purpose: To present a case of central retinal artery occlusion (CRAO). The suspected etiology and factors of fair visual outcome were discussed.

Method: Observational case report.

Result: A 47-year-old male suffered from sudden vision loss of the right eye. He had a prior history of neck cupping one day earlier. On examination, best corrected visual acuity was 0.05 with a relative afferent pupillary defect of his right eye. Funduscopy revealed retinal opacification and a faint cherry-red spot consistent with a central retinal artery occlusion (CRAO). Fluorescein angiography demonstrated delayed retinal perfusion with markedly prolonged A-V transit time. Neither cilioretinal artery nor foveolar sparing was noted. Surprisingly, his visual acuity improved to 1.0 within one month and remained stable in the following 3 months.

Conclusion: The reasons visual recovery was excellent in this case of CRAO were thought to be early treatment and fibrin-platelet emboli as the causal emboli. We also point out the occult risk of neck cupping.