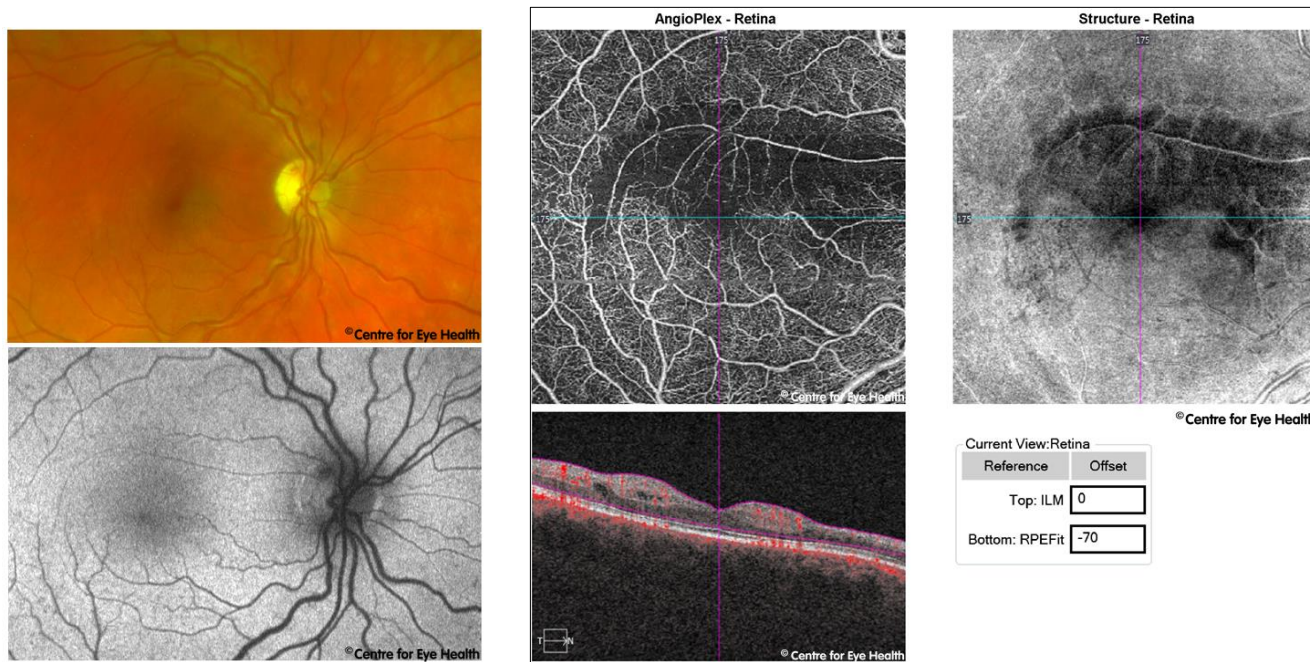




## CFEH Facebook Case #33

A 30 year old male presented for a retinal assessment following a right central retinal vein occlusion 12 months previous. He also had a branch retinal artery occlusion in 2013. He takes Warfarin for a blood clotting condition called Leiden Factor V (five) and is a regular smoker. Best corrected acuities were 6/6 in each eye and pupils were reactive to light and accommodation with no RAPD detected. OCT line scans showed areas of retinal thinning and persistent oedema however OCT Angiography (OCTA) images also showed a notable area of non-perfusion subsequent to the branch retinal artery occlusion.



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# OCT-Angiography at CFEH

OCTA is a non-invasive, high-resolution imaging method of visualising microvasculature by detecting motion contrast from flowing blood (without the injection of dye). This emerging technology has great potential for clinical practice as a quick, low risk means of assessing retinal vasculature. Conditions where OCTA may provide significant benefit include:

- Inner retina disease (retinopathies, vascular acquired or congenital disorders and malformations such as
  - Epiretinal membranes
  - Coat's disease
  - MacTel
  - Macroaneurysm
  - Diabetic retinopathy
  - Cotton wool spots
  - Retinal vein occlusion
- Outer retinal or choroidal disease (choroidal neovascularisation, age related macular degeneration)
- Disc perfusion abnormalities (eg glaucoma, ischaemic optic neuropathy, optic neuritis)
- Anterior eye vascular anomalies (eg iris and corneal neovascularisation)
- Pigmented lesions

The Centre for Eye Health utilises this new technology where appropriate for a greater understanding of the disease process in suitable patients. To refer a patient for OCTA imaging, please download the referral form [here](#).