

CRAO has been linked to ischaemic cerebral stroke as the same atherosclerotic risk factors can contribute to both processes. Hypertension, diabetes, carotid and coronary artery disease, and smoking tobacco have all been associated with non-arteritic CRAO.¹ While there are clear evidence based protocols widely in use for the management of cerebral stroke there continues to be debate concerning the acute management of CRAO. Many clinicians feel that the available treatment options are ineffective and that the inherent risks outweigh the potential benefits. The goal of this paper is to provide the most updated summary of the current literature on this topic.

Key words: CRAO, Hypertension, diabetes, embolus.