

## Marriage between Medicine and Ophthalmology – Rheumatology, Vascular Diseases and Neurology

Chairperson: Dr Celeste Chambers

### The Eyes: The Window to the Connective Tissue Disorders of the Body

*S Davis*

The eyes are a well-established target organ in various autoimmune diseases. This presentation will outline the common eye symptoms which may be part of a connective tissue disorder symptom complex and highlight symptoms that should alert the physician to investigate further whether a systemic autoimmune process is associated with the eye complaint. Other associated common signs of immune dysfunction will be discussed as well as the appropriate workup and therapies available. The presentation will close by outlining potential adverse effects of connective tissue disease therapies on the eye and will speak on how efforts to prevent these effects affect therapeutic considerations including dosing and duration of medication use.

### Optical Coherence Tomogram Screening for Hydroxychloroquine Toxicity

*LL Rhynie*

Hydroxychloroquine (HCQ) is a commonly used chloroquine derivative which is very effective in treating many diseases, including rheumatoid arthritis, systemic lupus erythematosus and malaria. One of the side effects of HCQ is retinal toxicity. Although rare, HCQ toxicity can be insidious, progressive, irreversible and devastating.

With the advent of optical coherence tomography (OCT), screening can identify toxic changes in the retina before the patient is symptomatic. In this talk we will review the screening methods, symptoms and signs of HCQ toxicity.

### Updates on Cardiovascular Disease in Jamaica

*M Lawrence*

NO ABSTRACT

### Strokes in the Eye — Branch Retinal Artery Occlusion (BRAO)/Central Retinal Artery Occlusion (CRAO)

*C Green*

Eye strokes occur as a result of blockages in arteries or veins in the retina, causing vision loss. The eye suffers damage because the retina and optic nerve are cut-off from nutrients and oxygen. A central retinal artery occlusion (CRAO) or a branch retinal artery occlusion (BRAO) commonly occurs as a result of clots or *emboli* from the carotid artery or the heart. Many CRAO and BRAO patients have underlying high blood pressure and/or significant carotid artery disease, cardiac valvular disease or diabetes.

The most meaningful unidentified risk factor for retinal artery occlusion is narrowing of the carotid artery on the same side of the body as the eye stroke and the majority of Eye Stroke patients have previously undiagnosed cardiovascular (CV) risk factors or a medical history of CV risk factors. A number of patients had a stroke either prior to or within one month after the diagnosis of CRAO/BRAO. Temporal arteritis (giant cell arteritis) is also a risk factor.

Central retinal vein occlusion (CRVO) and branch retinal vein occlusion (BRVO) cause sudden, painless vision loss that can be mild-to-severe. High blood pressure, chronic open-angle glaucoma and significant arteriosclerosis are risk factors.

Blacks have an increased risk of CRVO/BRVO compared with Whites and women have a higher risk compared with men. A diagnosis of stroke increases the risk of vein occlusion and so does a hypercoagulable state. Patients with diabetes or hypertension with end-organ damage have an increased risk.

A prompt, comprehensive, cardiovascular diagnostic work-up is considered mandatory for all patients with an eye stroke.

### Seeing Red on Optical Coherence Tomography

*Dr Matt Schlenker*

NO ABSTRACT