## Combined central retinal vein occlusion and branch retinal artery occlusion

A 66-years-old female was diagnosed to have combined central retinal vein occlusion (CRVO) and branch retinal artery occlusion (BRAO). Colour fundus photograph [Fig. 1a] showing multiple haemorrhages and pale ischaemic area superiorly (black arrow). In Fig. 1b, fundus fluorescein angiography (FFA) shows delayed arterial filling and prolonged arteriovenous transit time. Multicolour imaging highlights the area of ischaemia (black arrow) and serous fluid in macular area as dark green as shown in Fig. 1c. In Fig. 1d and e, optical coherence tomography shows hyper-reflectivity of inner retinal layers (red arrow) and serous detachment (star), respectively.

Combined CRVO and BRAO is uncommon and the arterial occlusion is often missed.[1,2] Echocardiography, carotid Doppler ultrasound, and magnetic resonance imaging brain should be added whenever investigating a combined occlusion.[3]

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

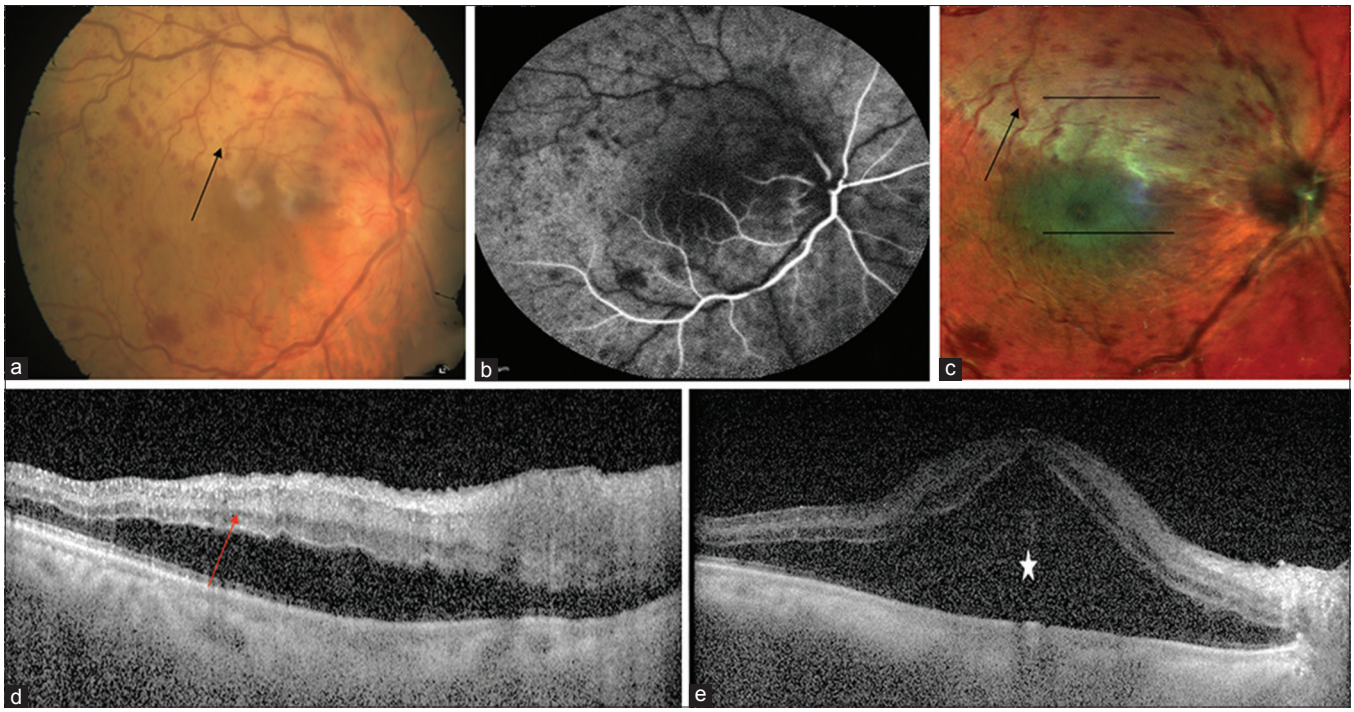


**Figure 1:** Colour fundus photograph (a) showing multiple haemorrhages, disc oedema, and pale ischaemic area superiorly (black arrow). Fundus fluorescein angiography (b) showing delayed arterial dye filling and prolonged arteriovenous transit time. Multicolour imaging (c) highlighting the area of ischaemia (black arrow) and showing greenish tinge in the area of macular oedema. Optical coherence tomography showing hyper-reflectivity of inner retinal layers (d) (red arrow) and increase in retinal thickness (e) in the corresponding areas

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### Conflicts of interest

There are no conflicts of interest.

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