A previously healthy 71-year-old woman with hypercholesterolemia and current tobacco use presented with transient painless vision loss in the left eye without other neurologic abnormalities. The 30-second episodes, followed by a recovery, repeated in 2- to 3-minute intervals.1 Microemboli passing through central retinal artery (CRA) vasculature (Video 1) originated from a complicated atherosclerotic plaque in the left internal carotid artery (Figure). After receiving intravenous thrombolysis 5 hours after symptom onset,2 she reported a scotoma in the inferior field of vision. Perimetry at 3-month follow-up corresponding to the reported scotoma (D).
part of her left eye, which persisted 2 years later. Retinal embolism from carotid artery disease is the most common cause of CRA occlusion.

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### References

### Appendix (continued)

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