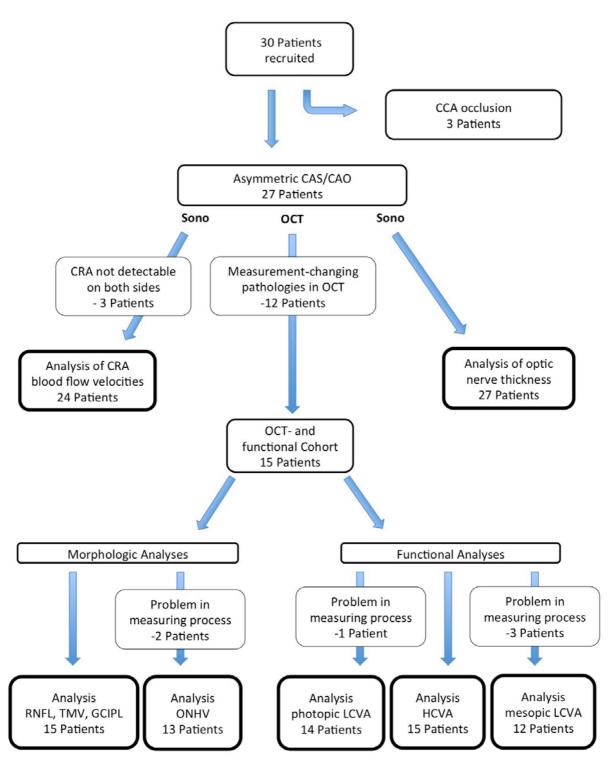
No Evidence for Retinal Damage Evolving from Reduced Retinal Blood Flow in Carotid Artery Disease

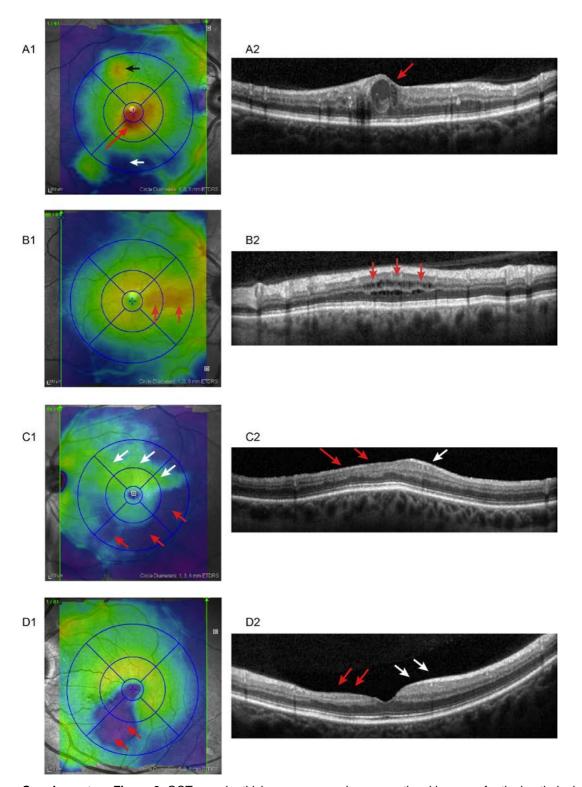
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Supplementary Figures



Supplementary-Figure 1: Flowchart of different patient cohorts. *CAD* carotid artery disease, *CAS* carotid artery stenosis, *CAO* carotid artery occlusion, *CCA* common carotid artery, *CRA* central retinal artery, *OCT* optical coherence tomography, *RNFL* global retinal nerve fiber layer thickness, *TMV* total macular volume, *GCIPL* ganglion cell / inner plexiform layer, *ONHV* optic nerve head volume, *HCVA* high contrast visual acuity, *LCVA* low contrast visual acuity (photopic=85 cd/m², mesopic=3 cd/m²).



Supplementary-Figure 2: OCT macular thickness maps and cross-sectional images of retinal pathologies with measurement-changing extent. Patient A showed unknown diabetic macular edema on both sides. A1 presents local thickenings (black arrow) and local thinning (white arrow) next to pronounced macular edema (red arrow in A1 and A2), which can be seen in the corresponding B-Scan A2. Patient B presented a pronounced intraretinal edema resulting in a vitreoretinal traction-syndrome. B1 shows a strung out thickening (red arrows) in the area between macula and papilla, B2 shows the corresponding B-Scan. The retina seems lifted, an intraretinal edema has occurred (red arrows). Patient C presented a focal atrophy on the CAS/CAO side, which is compatible to a retinal artery branch occlusion. C1 shows a thinning in the inferior retinal quadrants (red arrows) in comparison to the normal configuration of the retinal thickness (white arrows). C2 the corresponding B-scan shows a thinning of

the upper retinal layers (red arrows) compared to the normal retinal configuration (white arrow). Patient **D** presented a focal atrophy on the no-CAD side. **D1** shows the well-defined atrophic area (red arrows), **D2** the corresponding B-Scan: the upper retinal layers are atrophic (red arrows) compared to the normal retinal configuration.