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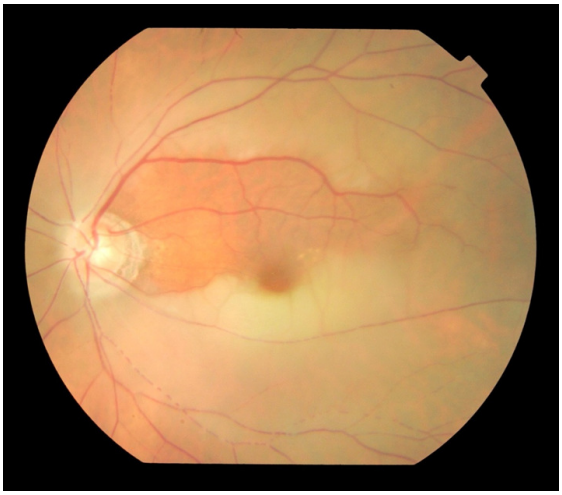

A 56-year-old moderately nourished and built man was referred with sudden painless and persistent loss of his left eye vision. This had started in the morning while bathing. He had diabetes mellitus, hypertension and hyperlipidemia on regular treatment. There was no other relevant history. Examination revealed that his unaided visual acuities were only for 'hand motion' with a mild improvement in the inferior field, in the left eye with no further improvement and 6/6 in the right eye. Intraocular pressure was normal in both eyes. The anterior segments were normal with relative afferent pupillary reaction in the left eye. Fundus examination showed a normal fundus pattern in the right eye. The left eye's fundus is shown above (**Panel**).

Q: What is the diagnosis?

Answer*: refer to page 62*

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