

**Figure 2. Wide field Angiography images of patient with non-remitting Susac's Syndrome showing widespread AWH**



Figure 2. 32 year old Caucasian gentleman with known Susac's syndrome presented to the ophthalmology clinic with multiple areas of right inferior vasculitis (a). Left eye was quiet. There was no anterior segment inflammation and no vitritis. He was started on high dose prednisolone. He did not respond to prednisolone and mycophenolate was started, with progression and involvement of inferior vasculitis in the left retina (b). He then developed confusion and , upon consultation with neurologist, decision was made to switch treatment to rituximab with tapering of steroids and mycophenolate. There was no response to rituximab and patient's headaches and confusion worsened. He underwent plasma exchange and was reviewed 2 days after the treatment with improvements of vasculitis in both eye (c, d).