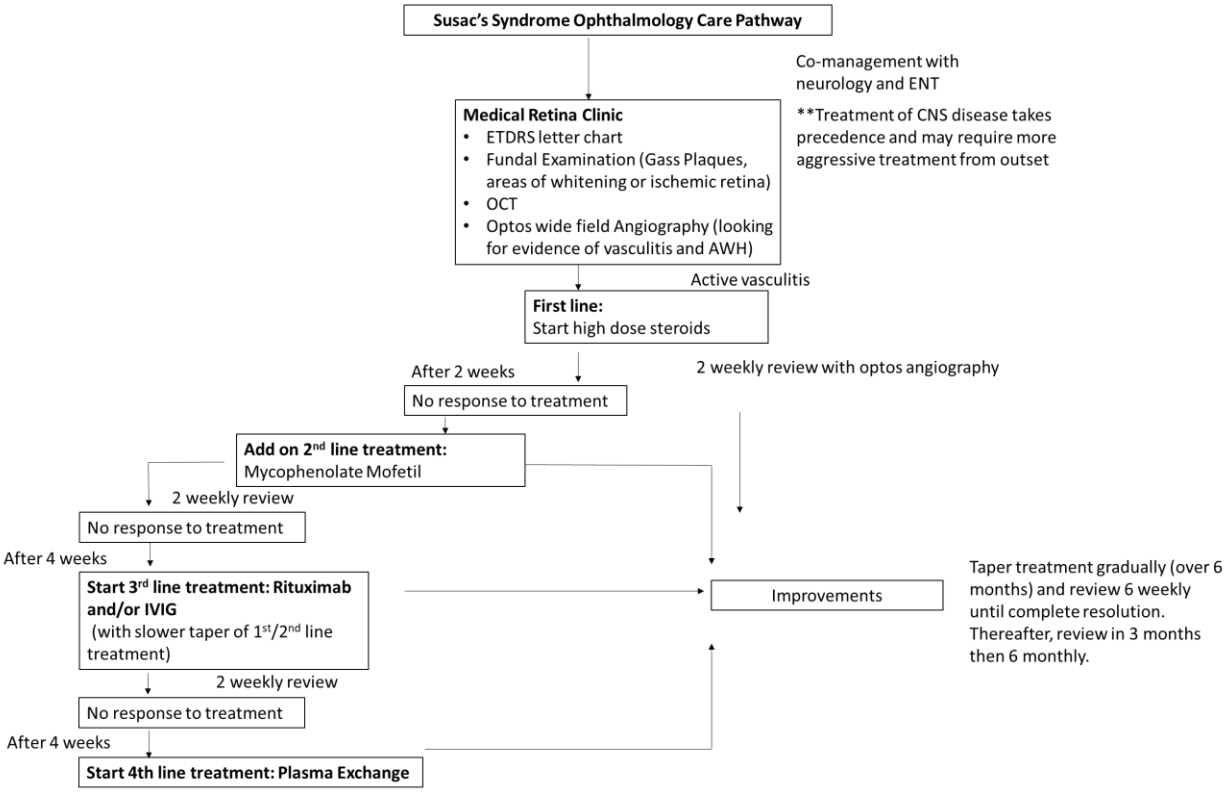
Susac's Syndrome Ophthalmology Care Pathway
Co-management with neurology and ENT
**Treatment of CNS disease takes precedence and may require more aggressive treatment from outset
Medical Retina Clinic
• ETDRS letter chart
• Fundal Examination (Gass Plaques, areas of whitening or ischemic retina)
• OCT
• Optos wide field Angiography (looking for evidence of vasculitis and AWH)
Active vasculitis
First line:
Start high dose steroids
After 2 weeks
2 weekly review with optos angiography
No response to treatment
Add on 2nd line treatment:
Mycophenolate Mofetil
2 weekly review
No response to treatment
After 4 weeks
Start 3rd line treatment: Rituximab and/or IVIG
(with slower taper of 1st/2nd line treatment)
Improvements
Taper treatment gradually (over 6 months) and review 6 weekly until complete resolution. Thereafter, review in 3 months then 6 monthly.
2 weekly review
No response to treatment
After 4 weeks
Start 4th line treatment: Plasma Exchange