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
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)

2 weekly review
No response to treatment

After 4 weeks
Start 4th line treatment: Plasma Exchange

2 weekly review with optos angiography

2 weekly review
Improvements

Taper treatment gradually (over 6 months) and review 6 weekly until complete resolution. Thereafter, review in 3 months than 6 monthly.