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| **Date** | **Relevant past medical history** | |
|  | **Low vision on the right eye since childhood, mother blind in old age due to a optic nerve atrophy.**  **The patient vaguely remembered that he might have had squint surgery in childhood but had no documentation.** | |
|  | **Summaries from initial and follow-up visits** | **Interventions and therapy** |
| Mid-January 2017 | VA loss on the left eye (LE) |  |
| February 2017 (5 months after the onset of the right eye) | Hospitalization at Clinic due to VA loss on the previously healthy left eye. VA RLE counting fingers on 2 meters, Color vision RLE 1/15, central scotoma bilaterally. On fundoscopy the optic discs were bilaterally hyperemic with tortuous blood vessels. Edematous pRNFL and thinning of the inner retina in the macular region. FA: no leakage, | Systemic corticosteroid therapy for 3 days Solumedrol i.v. (1g/day), no improvement.  MRI of the head and brain, no signs of demyelination, aqp4 negative, antiMOG negative, excluded all other possible signs of the optic atrophy (infectious, paraneoplastic, compressive etc.)  Blood taken for genetic testing. |
| October 2017 (8 months after the onset) | VA RLE hand movement Color vision RLE 1/15, LE 1/15, central scotoma bilaterally. On fundoscopy both optic discs pale, thinning of the inner retina on OCT bilaterally, further progression of the pRNFL thinning EF: P 50 amplitude normal, lower on amblyopic eye, decreased N95 wave more on the amblyopic eye, N95/P50 ratio RE 0.76 LE:0.89, VEP undetectable | Genetic testing for 3 common mutations revealed common mutation. Patient started with Idebenone |
| January 2018 (12 months after the onset on the left eye) | VA RLE light perception Color vision RLE 0/15, small remanent of the visual field. On fundoscopy both optic discs pale, thinning of the inner retina on OCT bilaterally, significant pRNFL thinning. | Patient left the country and was lost for further follow-up |

Table S4. Timeline of the disease progression in Patient 2