



Bilateral Blindness Owing to Tacrolimus Vasculopathy after Kidney Transplantation

An 18-year-old boy with a history of receiving a renal allograft from his mother was admitted to the hospital with generalized weakness, headache, hypertension, and hearing and visual loss. Laboratory studies revealed renal function deterioration and an increase in serum tacrolimus. Color fundus photographs showed Purtscher flecken and intraretinal hemorrhages involving the posterior pole and periphery, and macular cherry-red spots in both eyes (A).

Indocyanine green angiography revealed obstruction of arterioles and venules at the posterior pole visible as abrupt termination of the vascular ends (B, circles). Tacrolimus was discontinued and the patient received intravenous methylprednisolone therapy. At 1 month, fluorescein angiography showed diffuse retinal ischemia, with only residual peripapillary vasculature (C). A Purtscher-like retinopathy associated with Tacrolimus use was suspected.

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