

## **DIAGNOSTIC IMAGING CLUES AND MANAGEMENT OF SUDDEN BLINDNESS AFTER RENAL TRANSPLANT.**

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A 48 yr old male admitted for new onset of rapid atrial fibrillation and a left upper lobe infiltrate. His history included a living related renal transplant x 2 (last was 30 days ago), PVD, CAD, HTN and DM.4 days later he developed sudden onset of blurry vision and pain in left eye. As the visual loss progressed, it was further complicated by increasing number of anterior chamber cells, hypopyon formation & posterior vitritis resulting in poor red reflex. This coincided with worsening diffuse infiltrates, cavitations with air crescent sign in left upper lobe for which he received intravitreal vancomycin and gentamycin. Screening for Circulating Galactomannan by ELISA was strongly positive for Aspergillus (90% specific). The bronchoscopic lavage, brush washings, blood & eye cultures were negative for all fungal species. CT guided biopsy revealed hemorrhagic necrosis, inflammation and cultures grew Aspergillus fumigatus. The course was complicated by depression, severe malnutrition, anemia, clostridium difficile, uncontrolled BP and high sugars. He was successfully treated and discharged home on PO voriconazole. Aspergillus fumigatus is the most ubiquitous and colonized saprophytic fungi. Mortality in renal transplant is >50% in invasive aspergillosis. Most common cause of endophthalmitis is candida, but if due to aspergillus, it causes mostly blindness and results in enucleation. We report a rare case of endophthalmitis with Aspergillus fumigatus in a living related renal transplant patient. Preemptive antifungal therapy is recommended for COPD /Bronchiectasis in renal transplant subjects with azoles for 3 months. All type of fluids like eye aspirate, blood, urine, BAL lavage, CSF etc. have to be sent for PCR or antigen testing with least amount of suspicion. Weekly measurement of Voriconazole, Calcineurin inhibitors levels with LFTS and SMA-7 are necessary. PO voriconazole achieves therapeutic aqueous & vitreous levels in human eye and its activity spectrum appears to appropriately encompass the most frequently encountered mycotic endophthalmitis. Malnutrition was successfully treated in this rare case with PEG tube place.