

TACROLIMUS (FK506) TOXICITY PRESENTING AS UNILATERAL OPTIC PAPILLITIS

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A 47 year old female with a history of end stage renal disease secondary to NSAID induced nephropathy and hypertension who underwent cadaveric renal transplant in 2008 presented to the outpatient clinic with vision changes in the left eye. She had noticed a horizontal line in her central visual field with a left visual field cut which had progressively worsened over four days. Other symptoms included a headache, ear congestion and diarrhea. Medications included FK506 and mycophenolate mofetil. On initial examination, she was normotensive and afebrile without other neurologic deficits. All studies, including serologic, urine, infectious work up, lumbar puncture and MRI were negative. FK506 level on the day of admission was 5.7 ng/mL. Ophthalmologic evaluation demonstrated visual acuity of 20/25 on the right and 20/40 on the left with identification of 5/10 Ishihara plates on the right and 1/10 on the left. There was also an inferio-nasal visual field deficit and papilledema with heme surrounding the disc on the left. Her FK506 was held. The symptoms all subjectively improved within three days. FK506 was restarted after discharge. She developed recurrence of the symptoms within two days including the development of a line through her right visual field. On re-admission, her FK506 level was 8.6 ng/mL; this was again held. Within one day, her symptoms began to improve. Her immune suppression was changed from FK506 to cyclosporine. Her right visual abnormality improved to include only occasional floaters. Her left sided papilledema improved with resolution of heme around the disc. Ophthalmologic examination one month later showed visual acuity of 20/20 on the right and 20/25 on the left with identification of 10/10 Ishihara plates bilaterally.

There has only been one other case of optic neuropathy secondary to FK506 found on literature review. In our case, there was improvement in her acuity testing and color vision, whereas in the previously published case, the patients' symptoms continued to worsen in both of these parameters. This case demonstrates a rare neurologic side effect of FK506 which was partially reversible with its discontinuation.