Ophthalmic Images

Resolution of Crystalline Retinopathy After Kidney Transplant for Hyperoxaluria

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A Color fundus photograph, 6 mo old

B Color fundus photograph, 8 y old

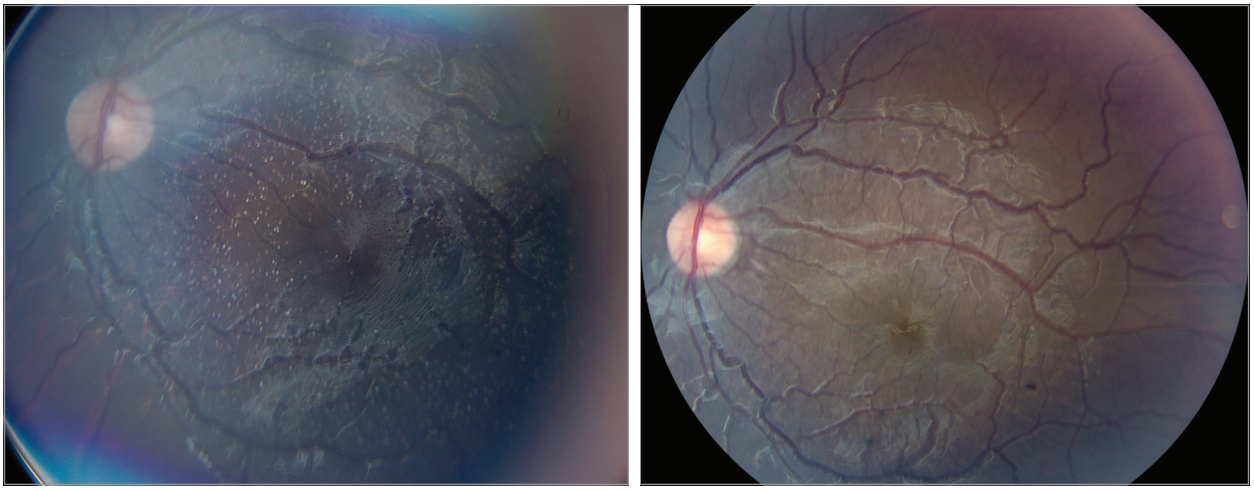

Figure. A, Color fundus photograph of the patient aged 6 months with hyperoxalosis showing intraretinal crystals in the posterior pole. B, Color fundus photograph of the patient aged 8 years showing resolution of the crystals 2 years after kidney transplant.

A 6-month-old infant underwent ophthalmic examination. Anterior segment examination showed corneal crystals in both eyes. Dilated fundus examination revealed intraretinal refractile crystals in both eyes (**Figure**, A). Systemic investigations revealed hyperoxalosis (29.5 µmol/L; reference range: <1.8 µmol/L; to convert to milligrams per milliliter, divide by 11.107) and hyperoxaluria (0.33 mg/mg creatinine; reference range: 0.04-0.11 mg/mg creatinine). Primary hyperoxalosis was considered, and hepatic biopsy was performed. The results were inconsistent with primary hyperoxaluria type 1 or type 2 and showed normal activity of alanine:glyoxylate aminotransferase and glyoxylate reductase, respectively. The patient was diagnosed with unspecified hyperoxalosis and hyperoxaluria and developed kidney failure. At the age of 8 years, kidney transplant was performed.

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Crystalline retinopathy carries a large differential diagnosis. Inherited disorders include primary hyperoxalosis, Bietti crystalline dystrophy, cystinosis, and more; exposure to medications, such as methoxyflurane anesthetic or tamoxifen, can cause crystalline retinopathy.[1-3] After kidney transplant, the retinal and corneal crystals resolved, and the examination has been stable for over 10 years (Figure, B).

ARTICLE INFORMATION

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