# EDEMA

## BILATERAL EDEMA

→ Bilateral mTOR-related oedemas (Limb oedemas or bilateral eyelid oedemas) could be controlled with low doses of furosemide accompanied by reducing the immunosuppressant within therapeutic range, **but not in lymphedema**. [3] [4]

→ Calcium channel blockers (e.g.nifedipine and amlodipine) should be changed to a different antihypertensive, as they may cause, or worsen, peripheral oedema. [7]

→ In case of bilateral eyelid oedema, because it is not always possible to discontinue medication, surgical management is an option for these patients. In one case of everolimus induced bilateral eyelid oedema, an upper eyelid blepharoplasty was performed, and an excellent outcome was achieved with no adverse effects. [5]

→ If the symptoms persist despite these therapies, then the mTOR inhibitor may need to be discontinued. [7]

# LYMPHEDEMA (UNILATERAL OEDEMA)

→ Patients with pre-existing lymphatic deficiencies should not use mTOR inhibitors. [1]

→ Patients taking mTOR inhibitors should be monitored for lymphedema; treatment should be withdrawn promptly at the first sign of fluid accumulation. [1]

→ Before establishing the diagnosis of lymphatic disease caused by mTOR-I, it is essential to rule out other causes such as neoplasia, infection, and venous obstruction. [6]

→ Dose reduction or preferably discontinuation of the drug therapy is the only treatment for such patients. [1] [3] [4] [6]


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