NEPHROTOXICITY

→ The patient's symptoms and MRI findings **improved on decreasing CsA to the minimum dose.** CsA neurotoxicity is more common in intravenous therapy, early days of CsA administration [1]

→ **Switching from CsA to Tac** can be an alternative strategy in kidney-transplant patients suffering from chronic allograft dysfunction or CsA toxicity. The persistently improved renal function over several months of evaluation suggests that in these patients, **Tac might be less nephrotoxic than CsA** and could prolong transplant function despite CsA failure. [2]

→ **combined** immunosuppressive therapy **with MMF** and a very low dose of cyclosporine could be a safe alternative [3]

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[1]-Teimouri, A., Ahmadi, S. R., Ardakani, S. A., & Foroughian, M. (2020). Cyclosporine-a-based immunosuppressive therapy-induced neurotoxicity: A case report. *Open Access Emergency Medicine*, *12*, 93–97. https://doi.org/10.2147/OAEM.S241501 (https://www.dovepress.com/cyclosporine-a-based-immunosuppressive-therapy-induced-neurotoxicity-a-peer-reviewed-fulltext-article-OAEM#)

[2]- Cantarovich, D., Renou, M., Megnigbeto, A., Giral-Classe, M., Hourmant, M., Dantal, J., Blancho, G., Karam, G., & Soulillou, J. P. (2005). Switching from cyclosporine to tacrolimus in patients with chronic transplant dysfunction or cyclosporine-induced adverse events. *Transplantation*, *79*(1), 72–78. (https://doi.org/10.1097/01.TP.0000148917.96653.E9 (https://pubmed.ncbi.nlm.nih.gov/15714172/)

[3]- Cantarovich D, Renou M, Megnigbeto A, Giral-Classe M, Hourmant M, Dantal J, Blancho G, Karam G, Soulillou JP. Switching from cyclosporine to tacrolimus in patients with chronic transplant dysfunction or cyclosporine-induced adverse events. Transplantation. 2005 Jan 15;79(1):72-8. doi: 10.1097/01.tp.0000148917.96653.e9. PMID: 15714172. (https://aasldpubs.onlinelibrary.wiley.com/doi/pdf/10.1002/lt.500050513)