



# Ocular Disorders in Renal Transplant

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## DESCRIPTION

The purpose of this study is to identify eye problems in patients with kidney transplant recipients. Kidney transplantation has become a very successful routine procedure of all organ transplant procedures. Loss of vision is rare but can cause catastrophic eye complications from organ transplants. Postoperative therapy with immunosuppressive drugs, steroids, and causes of end-stage renal disease is said to be associated with the development of eye diseases such as cataracts, high intraocular pressure, surface disorders, opportunistic infections, and neurotoxic conditions. Today, post-transplant patients have a higher survival rate and improved quality of life, so they need to look for complications in time and resolve them accordingly.

Organ transplants have evolved over the years. Kidney transplantation has become a very successful routine procedure today. Nearly optimal survival rates for transplant patients and allogeneic transplants have shifted the focus to mitigating complications that can improve outcomes. Advances in surgical technology and the development of more effective immunosuppressants have made kidney transplantation an effective renal replacement therapy. Pharmacological immunosuppressive agents such as steroids, cyclosporine and tacrolimus have played an important role in advancing these transplant methods. However, immunosuppressive drugs have been shown to carry a risk of many complications.

Cyclosporine is one of the commonly used immunosuppressive drugs used in kidney transplant patients. The occipital white matter appears to be particularly susceptible to the neurotoxic effects of cyclosporine. It is also involved in the development of

papilledema of the optic nerve and is sometimes associated with pseudotumor encephalopathy. Bilateral or unilateral abducens nerve palsy and bilateral ptosis have also been observed in patients receiving cyclosporine after transplantation. Some people have poor eyesight after a kidney transplant or cyclosporine therapy. Cortical blindness has also been mentioned as a cause of visual loss in bone marrow transplant patients receiving cyclosporine. Tacrolimus is a relatively new immunosuppressive drug, especially indicated for liver and bone marrow transplants. Elevated Intraocular pressure (IOP) is known to be one of the side effects of corticosteroids (both systemic and topical). According to some reports, it is even mentioned as the cause of glaucoma. This study found that intraocular pressure was normal in all study participants, but some references reported ocular hypertension in 7% and 12.5% of kidney transplant patients. High intraocular pressure was associated with the amount of systemic corticosteroid therapy, but this study could not find this association. A study investigating the association between glaucoma and pre-transplant dialysis time showed that the incidence of glaucoma was associated with pre-kidney transplant dialysis time.

The incidence of vision-threatening eye complications such as cataracts is relatively low in kidney transplant patients. Dry eye is the most identified eye problem unrelated to ESRD or immunosuppressive therapy. Most complications are not associated with poor vision, but regular eye exams should be performed for early detection, better treatment, and improved quality of life for such patients. It is not related to the main topic of interest, but in most cases the cause is unknown, and the diagnostic (pathological) means of finding the cause of ESRD need to be improved.

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