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Very-late-onset Cytomegalovirus disease presenting as Diplopia

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Objectives: Cytomegalovirus (CMV) continues to be the most important infectious agent to have an impact on renal transplant recipients both in terms of systemic involvement and graft dysfunction. CMV infection characteristically presents during the first 6 months after transplantation. Late CMV disease is defined as that which presents >6 months after transplantation.

Methods: We present the case of 28 years old D+/R+ male presenting with CMV disease after 9 years of live related kidney transplantation will discuss the role of a secondary prophylaxis so late after transplantation. He presented with short duration history of diplopia (double Vision), headache and fever.

Results: His fundus revealed disc edema with 6th cranial nerve palsy on both sides. CSF examination was positive for CMV PCR Qualitatively. He was initially started on iv gancyclovir for 2 weeks and later was changed to oral valgancyclovir based on his clinical improvement. He was continued on tacrolimus, mycophenolate mofetil was transiently stopped, and prednisone dosage was increased. He was discharged on oral valgancyclovir which was continued for 3 months at recommended prophylactic dosage.

Conclusions: Primary infections leading to very-late-onset CMV disease in kidney transplant recipients after so many years, on minimal immunosuppression and without history of any rejection episodes is very rare. Due to the paucity of published literature, the impact of secondary prophylaxis in this particular group of patients remains unknown.