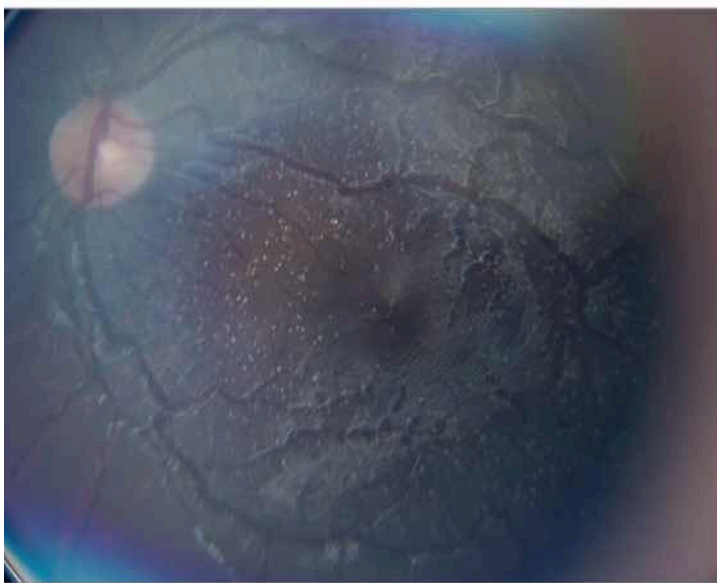


Resolution of Crystalline Retinopathy After Kidney Transplant for Hyperoxaluria

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Color fundus photograph, 6 mo old



B Color fundus photograph, 8 y old



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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 ($29.5 \mu\text{mol/L}$; reference range: $<1.8 \mu\text{mol/L}$; to convert to milligrams per milliliter, divide by 11.107) and hyperoxaluria ($0.33 \text{ mg/mg creatinine}$; reference range: $0.04\text{--}0.11 \text{ mg/mg creatinine}$). 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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