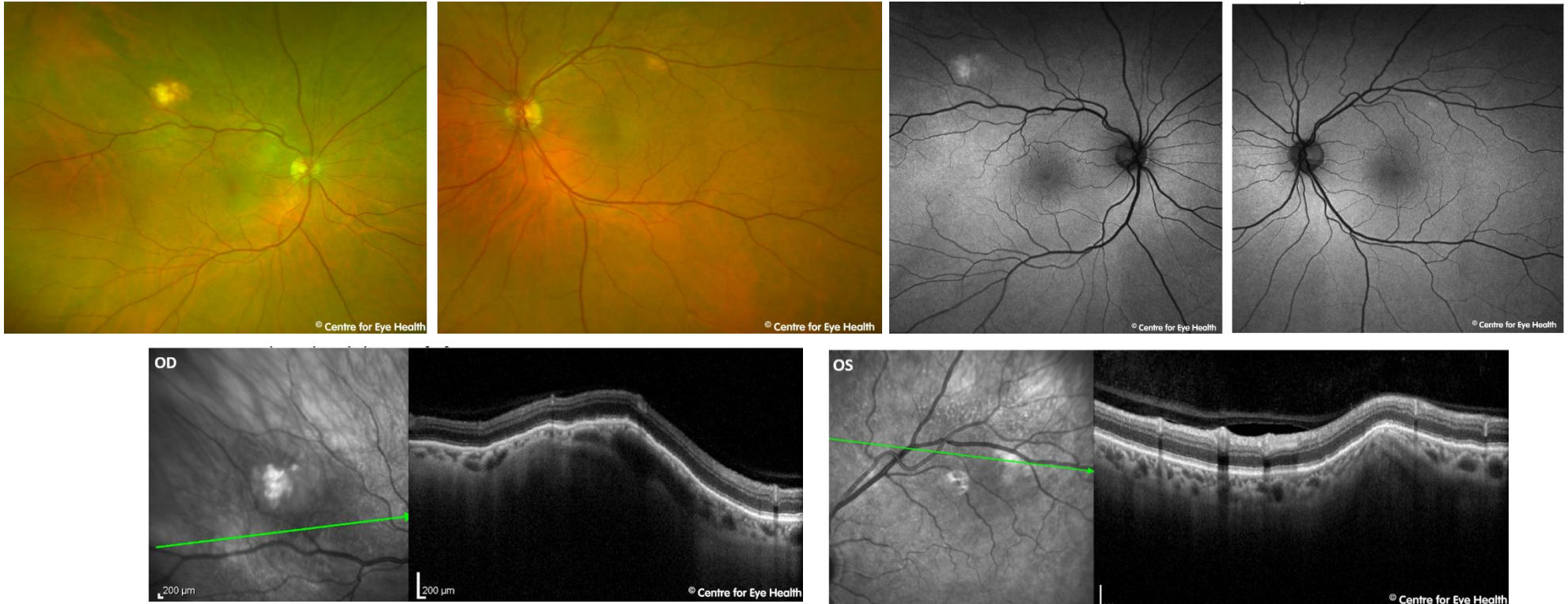




CFEH Facebook Case #146

A 72 year old Caucasian male presented for an assessment of bilateral elevated retinal lesions. He reported previous cataract surgery but no reports no other significant ocular or medical history. What is the likely diagnosis for these lesions?



Answer

Optomap imaging shows irregular yellow lesions located superotemporally near the vascular arcades in each eye. OCT imaging through the lesions show the lesions to have an irregular contour and the masses are shown to originate from the sclera, causing thinning of the overlying choroid and also associated RPE abnormalities. These findings are consistent with a diagnosis of sclerochoroidal calcification - a diagnosis confirmed with B-scan ultrasound which showed a hyper-echoic area with posterior shadowing in each eye.

Sclerochoroidal calcifications can be either unilateral or bilateral and are described as yellow placoid lesions with defined borders, typically found in the superotemporal equatorial retina. They are most commonly found in elderly Caucasian males. Most cases are idiopathic, however this condition can also be associated with abnormal calcium-phosphorus metabolism or renal tubular hypokalemic metabolic alkalosis syndromes.

Due to the possibility of systemic associations with these lesions, this patient was referred to an ophthalmologist for assessment.