

WHAT IS THIS MONTH'S MYSTERY CONDITION? Visit aao.org/eyenet to post your diagnosis.

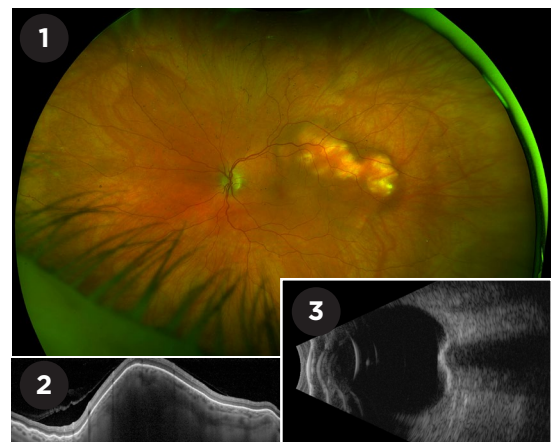
Mukesh Das, The Department of Ophthalmic Plastic & Reconstructive Surgery and Oculofacial Aesthetics at Sri Sankaradeva Nethralaya in Guwahati, Assam, India

LAST MONTH'S BLINK

Sclerochoroidal Calcification

A 71-year-old woman with a past medical history significant for type 2 diabetes and colon cancer that had been treated with partial colectomy was referred for further evaluation of an asymptomatic subretinal lesion in her left eye. Anterior segment examination was unremarkable. The fundus exam showed an elevated white, nodular subretinal lesion abutting the superotemporal macula, with mild overlying pigment (Fig. 1). OCT revealed a homogeneous “rocky-rolling” scleral lesion with overlying areas of choroidal thinning. Retinal structure was preserved, including the temporal fovea elevated by the lesion (Fig. 2). The scleral lesion was measured as having a 3-mm apical height on B-scan ultrasonography and demonstrated hyperechogenicity with posterior shadowing and high internal reflectivity (Fig. 3).

Upon further questioning, our patient stated that she had experienced a single episode of hypercalcemia of unclear etiology. Given the systemic associations of sclerochoroidal calcification, the patient was referred to follow up with her



primary care physician to check serum levels of parathyroid hormone, calcium, magnesium, and phosphate.

WRITTEN BY HONGAN CHEN, MD, AND SCOTT C.N. OLIVER, MD. PHOTOS BY HEATHER OLSON. ALL ARE AT SUE ANSCHUTZ-RODGERS EYE CENTER, UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS, AURORA.