Sclerochoroidal Calcification

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Case Presentation

- 62 year old white Caucasian female
- Newly diagnosed T2DM – 1st Screening
- No visual symptoms
- Regularly attends the renal physicians – Gitelman’s Syndrome
- Referred by O.O. 10 years ago following a routine EE – seen in HES and discharged
Right Eye Macula Centred
Left Eye Macula Centered
• Clinical Features of Sclerochoroidal Calcification
• Causes
• Differential diagnosis
• Learning points
Sclerochoroidal Calcification

- Benign intra-ocular deposition of calcium
- Commences within the sclera and causes secondary rarefaction of the choroid
- Rod dysfunction (on ERG testing)
- Detected as incidental finding
- Older white patients (median age 70 years)
- Unilateral? Bilateral?
Sclerochoroidal Calcification

- Multiple yellow-white sub-retinal lesions
- Superior to supero-temporal retinal arcade
- Mid-peripheral (between arcade and equator)
- Minimally elevated
- RPE atrophy
- May be complicated by choroidal neovascular membranes and sub-retinal fluid
Causes

- Idiopathic
- Hypercalcaemia
- Hyperparathyroidism
- Vitamin D intoxication
- Sarcoidosis
- Metabolic
- Gitelman syndrome
- Bartter Syndrome
- Hereditary
- Familial articular chondrochalcinosis
Differential Diagnosis

- Choroidal Metastasis
- Choroidal Melanoma
- Choroidal Naevus
- Choroidal Osteoma
Investigations

• OCT – EDI
• OCT – Autofluorescence
• Ophthalmic ultrasound
• Optos Widefield imaging
Sclerochoroidal calcification
Sclerochoroidal calcification
Choroidal Metastasis
Choroidal Metastasis
Choroidal Melanoma
Choroidal Melanoma
Choroidal Melanoma
Choroidal Osteoma
Choroidal Naevus
Learning Points

- Yellow white mid-peripheral lesions
- White adults
- Asymptomatic
- Important mimicking disease
- Should be screened for metabolic disorders
- Occasionally have sight threatening complications
Thank you

Any Questions?