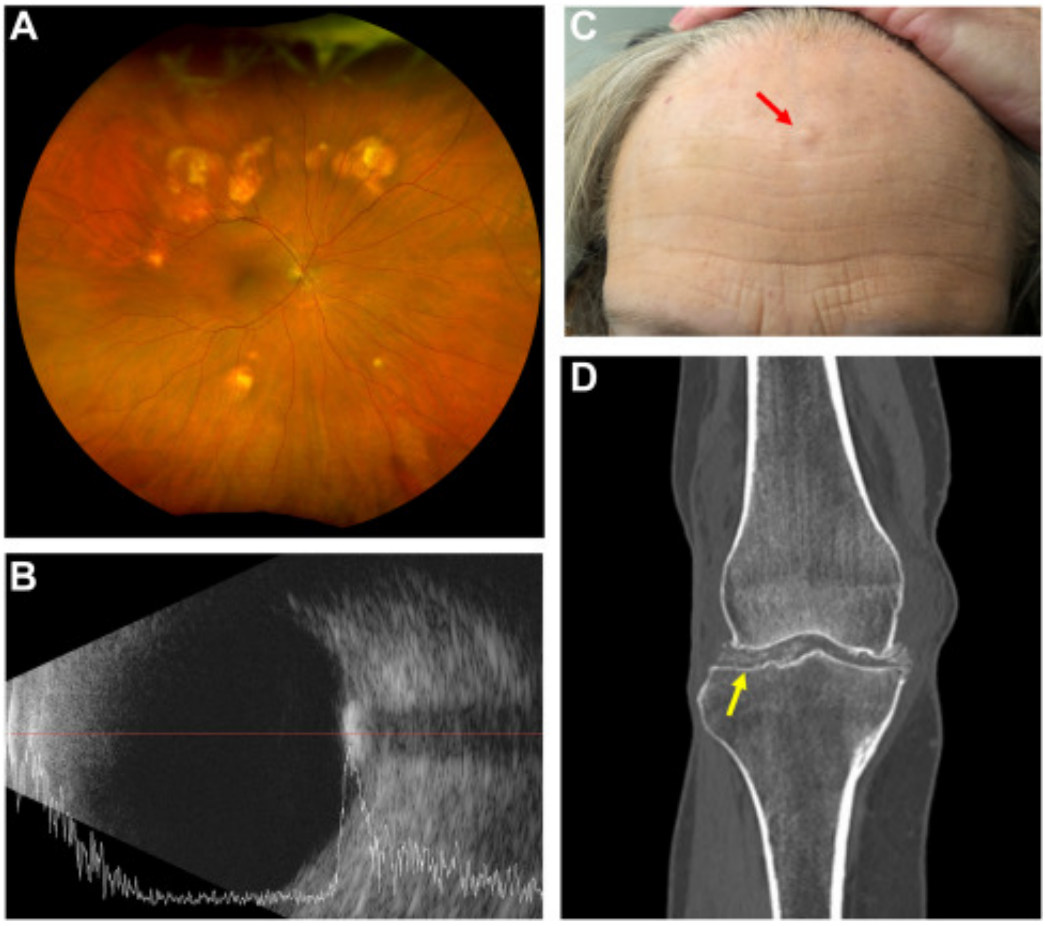
Sclerochoroidal Calcifications with Systemic Calcific Deposits



A 69-year-old visually asymptomatic woman with a history of kidney stones, chronic hypomagnesemia, early-onset osteoarthritis, and subepidermal calcified nodules was referred for bilateral choroidal lesions. Fundus examination revealed elevated, yellowish lesions just outside the arcades (Fig **A**), which were hyperechoic with high internal reflectivity on A-/B-scan ultrasonography (Fig **B**). Systemic evaluation showed a calcific nodule on her forehead (Fig **C**, arrow) and chondrocalcinosis in multiple joints, including the right knee (Fig **D**, arrow). She was diagnosed with sclerochoroidal calcifications, which can be idiopathic or secondary to hypercalcemia as in this patient. Genetic testing for Bartter and Gitelman syndromes, which can affect serum magnesium, was negative. (Magnified version of Fig **A–D** is available online at www.ophthalmologyretina.org).