Purpose: We describe a case of idiopathic sclerochoroidal calcification (ISC), an uncommon condition of calcium deposition at the level of the sclera and choroid that must be differentiated from choroidal osteoma, choroidal metastasis, choroidal melanoma, metastatic calcification, dystrophic calcification and amelanotic choroidal nevus. Clinical case: A 73 year-old woman attended routinely for review. Best-corrected visual acuity was 9/10 OD and OS. Fundus left eye revealed an elevated yellow area along the superotemporal retinal vascular arcade. Fundus right eye was normal. B-scan ultrasound showed an echogenic plaque at the level of the sclera and choroid with acoustic shadowing. Computed tomographic sections showed a similar plaque with density similar to bone or calcium with slight projection into the vitreous cavity. Fluorescein angiography demonstrated mild autofluorescence before injection, beginning hyperfluorescence in the venous phase, progressive hyperfluorescence in the recirculation phase, and late staining. Optical coherence tomography displayed an elevated subretinal mass of low signal intensity. Haematological investigations and chest x ray were unremarkable. Conclusion: Idiopathic sclerochoroidal calcification is a benign lesion of calcium deposition, often discovered on routine examination with normal visual acuity. This condition is diagnosed by the typical ophthalmoscopic picture in combination with standardised echography and autofluorescence appearance. Computed tomography can confirm the diagnosis. It is important to exclude any electrolyte abnormality when a patient presents with this condition, but prolonged investigations are unnecessary. These calcifications rarely change or induce visual disturbance.