A 61-year-old woman with no medical history presented with bilateral blurry vision a few days after dyeing her hair with hair dye containing aromatic amines. The patient used a commercially available hair dye that contained aromatic amines called para-phenylenediamine. She reported no exposure to corticosteroids.

Visual acuity was 20/40 in the right eye and 20/20 in the left eye. Fundus examination revealed bilateral multiple SRDs located primarily in the posterior pole . Optical coherence tomography (OCT) imaging revealed multiple SRDs and diffuse thickening of the neurosensory retina. Choroidal thickness through the fovea was 250 μm, with no pigment epithelium detachment or abnormally dilated choroidal vessels that might be associated with central serous chorioretinopathy. Fundus autofluorescence showed hypoautofluorescent SRDs.

Fluorescein angiography showed no leakage or vasculitis and the SRDs did not stain during the angiographic sequence. Indocyanine green angiography revealed neither abnormally dilated choroidal vessels nor choroidal diffusion.

An extensive etiological assessment was conducted, including comprehensive blood tests and chest computed tomography scan to exclude sarcoidosis, brain magnetic resonance imaging and anterior chamber tap interleukin 6/10 assay to rule out oculocerebral lymphoma, and positron emission tomography scan, mammogram, and dermatological and gynecological examination to investigate a potential acute exudative polymorphous vitelliform maculopathy. All tests yielded normal results.

Four months later, visual acuity was 20/20. Fundus examination showed complete resolution of the SRDs. OCT revealed subretinal deposits that were hyperautofluorescent, without any residual SRD