A 49-year-old man noted decreased visual acuity to 20/40 in the right eye because of central serous chorioretinopathy. His medicalhistory was unremarkable, and he took no medications. He worked nights for several years. High-axial resolution OCT (HighRes-OCTprototype) (A) revealed subretinal fluid and hyperreflective fibrin surrounding a hyporeflective lucency communicating with a pigmentepithelial detachment through a focal defect in an area of increased choroidal thickness. This defect corresponded to a hypopigmented spoton confocal color photography (B), which appeared hypoautofluorescent on fundus autofluorescence (C), and showed active hyperfluorescent leakage on fluorescein angiography (D).