Uncommon cause of Horner's syndrome

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A 74-year-old man presents to the Emergency Department with acute decompensated heart failure. During the examination, drooping of the right eyelid was noted. Further examination revealed a near-right pinpoint pupil and dryness of the skin on the right face and neck area. In 1970 he had undergone an open bilateral sympathectomy for craniofacial hyperhidrosis. Physical examination revealed a right-sided ptosis, miosis and anhidrosis (figure 1). Examination of his back demonstrated bilateral paramedian incisions extending from the second to sixth thoracic vertebra (figure 2). History and clinical examination findings were consistent with an iatrogenic right-sided Horner's syndrome postsympathectomy and injury to the stellate ganglion on the right side.

Figure 1 Clinical photography demonstrates a right-sided ptosis, miosis and subtle anhidrosis.

Figure 2 Bilateral paramedian incisions extending from the second to sixth thoracic vertebra related to bilateral cervical sympathectomy performed 43 years ago.

Horner's syndrome results from a lesion that disrupts the sympathetic nervous system that supplies the head, eyes and neck. The association of ptosis, miosis and facial anhidrosis was first described in 1869 by Freiderich Horner. The aetiology of Horner's syndrome is extensive and warrants further clinical investigation. In this case, the ptosis occurred immediately postoperatively in 1970 with no clinical improvement. If spontaneous resolution of the ptosis does not occur within 6 months, the ptosis is considered permanent and surgical correction can be considered. The patient declined corrective procedures, having been satisfied with resolution of his craniocaudal hyperhidrosis. Sympathectomy is widely used to treat hyperhidrosis but now uses a minimally invasive thoracoscopic technique, and consequently Horner's syndrome is now considered a rare complication.^{1 2}

Learning points

- ▶ Horner's syndrome is a clinical finding of ptosis, miosis and anhidrosis.
- ▶ The advent of minimally invasive thoracoscopic surgery has made this clinical finding a rare complication postsympathectomy.
- ▶ Minimally invasive sympathectomy can now be considered in patients with severe refractory craniofacial hyperhidrosis.

Contributors FM identified and managed the case. GS provided imaging and was responsible for manuscript preparation. FM and GS were involved in producing the final manuscript.

Competing interests None declared.

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