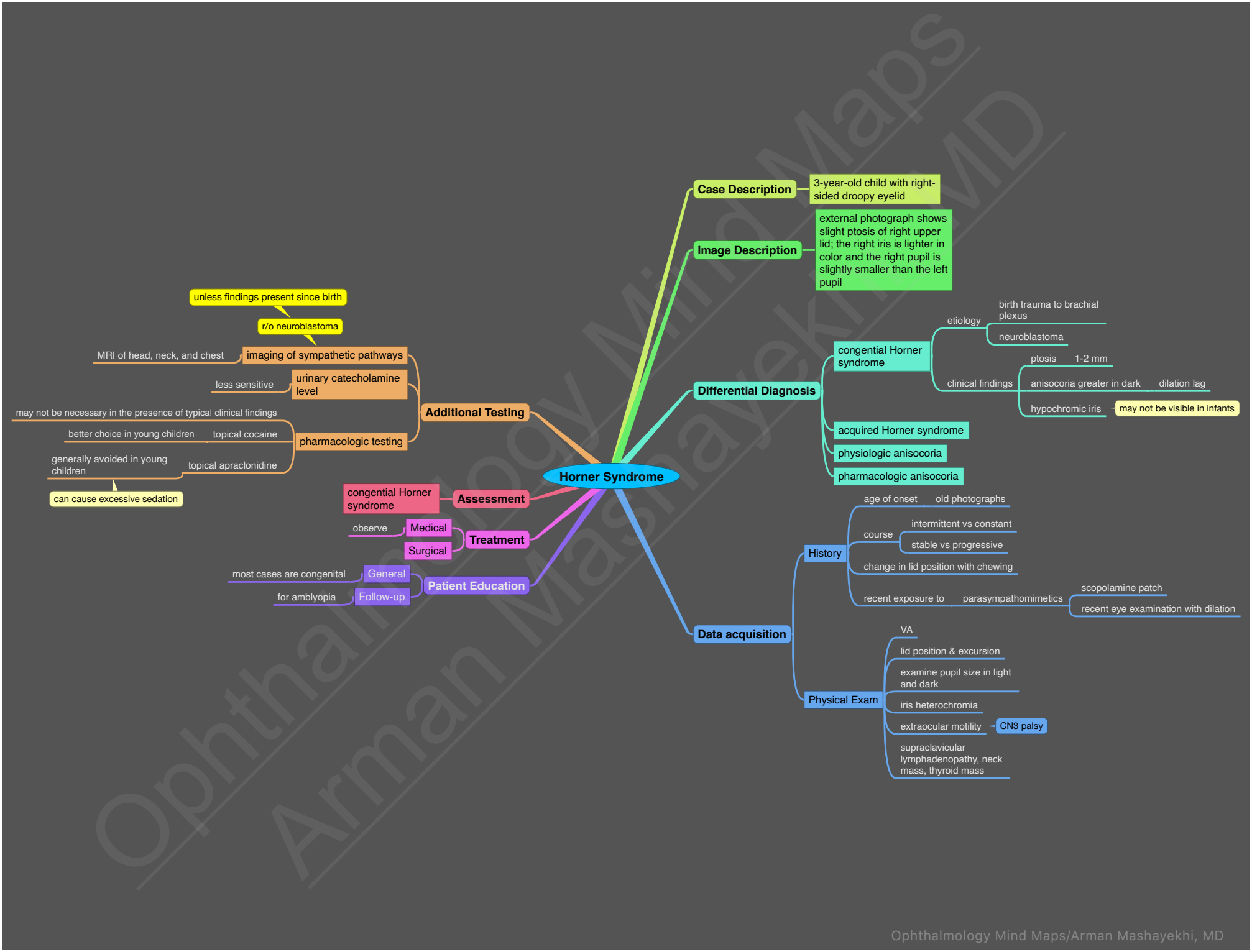
Horner Syndrome
Case Description
3-year-old child with right-sided droopy eyelid
Image Description
external photograph shows slight ptosis of right upper lid; the right iris is lighter in color and the right pupil is slightly smaller than the left pupil
Differential Diagnosis
congential Horner syndrome
etiology
birth trauma to brachial plexus
neuroblastoma
clinical findings
ptosis
1-2 mm
anisocoria greater in dark
dilation lag
hypochromic iris
may not be visible in infants
acquired Horner syndrome
physiologic anisocoria
pharmacologic anisocoria
Data acquisition
History
age of onset
old photographs
course
intermittent vs constant
stable vs progressive
change in lid position with chewing
recent exposure to
parasympathomimetics
scopolamine patch
recent eye examination with dilation
Physical Exam
VA
lid position & excursion
examine pupil size in light and dark
iris heterochromia
extraocular motility
CN3 palsy
supraclavicular lymphadenopathy, neck mass, thyroid mass
Additional Testing
unless findings present since birth
r/o neuroblastoma
imaging of sympathetic pathways
MRI of head, neck, and chest
urinary catecholamine level
less sensitive
pharmacologic testing
may not be necessary in the presence of typical clinical findings
better choice in young children
topical cocaine
generally avoided in young children
topical apraclonidine
can cause excessive sedation
Assessment
congential Horner syndrome
Treatment
observe
Medical
Surgical
Patient Education
most cases are congenital
General
for amblyopia
Follow-up
Ophthalmology Mind Maps
Arman Mashayekhi, MD
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