

## **PS1.111**

### **Claude Bernard Horner syndrome**

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**Background:** Claude Bernard Horner syndrome results from an interruption of the sympathetic nerve supply to the eye and is characterized by the classic triad of miosis, partial ptosis and loss of hemifacial sweating (ie, anhidrosis). It can be congenital, acquired - as a result of some kind of interference with the sympathetic nerves serving the eyes- or hereditary (autonomic dominant). The interruption of the sympathetic fibres may occur in the central nervous system (between the hypothalamus and the spinal cord in the upper cervical region) or in the peripheral nervous system (in cervical sympathetic chain, upper cervical ganglion or accompanying carotid artery).

**Method:** Case Report A 77- year- old male patient who complains of pain in left shoulder of 5 months duration treated with anti-inflammatory medication and corticosteroids without answer. History of smoking up to five years and atrial fibrillation treated with oral anticoagulants. Physical exam: left Horner syndrome. An indurated and fixed area to deep planes was palpable in left supraclavicular cavity. A chest X-ray was done and revealed a high mediastinum widened to the left and a CT scan was also done and revealed a tumor in the left upper lobe. A biopsy of the adenomegalia of supraclavicular fosse was done and revealed metastasis of undifferentiated carcinoma lung. Therefore, it is lung cancer that began with pain in left shoulder and Horner syndrome.

**Conclusions:** Horner's syndrome is a complex symptom sign that opens the probabilities of very varied causal entities. These causes can range from a cerebrovascular accident, a neck trauma or a cancer at the apex of the lung... Horner's syndrome requires to review the neurological pathway of sympathetic innervation of the eye and the face and it's a true example of the importance of obtaining a proper medical history and a complete semiologic and physical examination.