Horner syndrome due to internal carotid artery dissection

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few hours after a motorcycle accident with multiple rib and right wrist fractures, a 37-year-old man developed transient dysphasia and right hemiparesis associated with left Horner syndrome (figure A). Brain CT scan was normal, but diffusion weighted (DW) MRI disclosed recent ischemia (figure B). Occlusive dissection of left extracranial internal carotid artery (ICA) was demonstrated (figure C-E), and IV heparin infusion was started with a subsequent neurologically uneventful clinical course.

ICA dissection can occur even with unapparent neck injuries¹; therefore, trauma associated with Horner syndrome should instigate a workup for carotid dissection.²

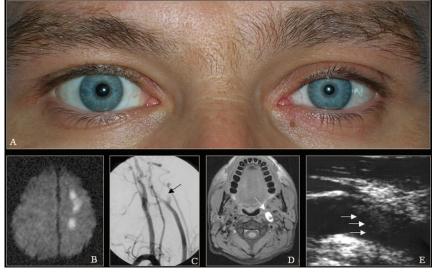


Figure. (A) Horner syndrome (miosis and ptosis). (B) Multiple left frontoparietal acute ischemic lesions on DW MRI. (C) Carotid angiography with evidence of left extracranial ICA occlusion. (D) ICA mural hematoma due to dissection evident on MRI scan. (E) Intimal flap (arrows) appearance on Duplex scan, pathognomonic sign of dissection.

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