Teaching Neuro*Images*: First-order Horner syndrome due to ipsilateral thalamic hemorrhage

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A 56-year-old man with no past medical history developed a left facial droop, dysarthria, and left arm weakness. He was found to have an acute right thalamic hemorrhage. On further examination, he was found to have right-sided ptosis and miosis, with anisocoria more marked in the dark than in light (figure, A). He was also found to have right-sided facial anhidrosis.

CT angiogram showed no evidence of carotid dissection. The patient's Horner syndrome was due to a first-order neuron lesion in the posterior nucleus of the right hypothalamus or proximal CNS sympathetic tract (figure, B and C).[1,2]

REFERENCES

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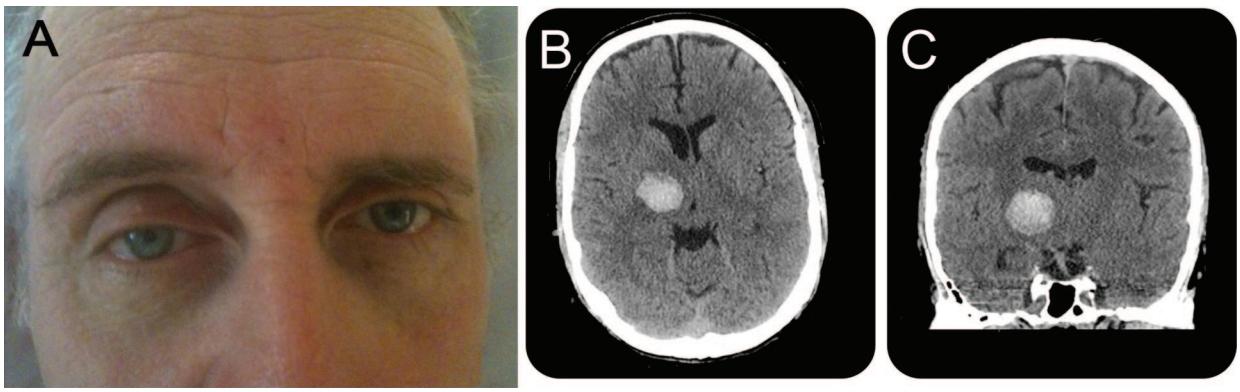
Figure **Clinical and radiologic features of first-order Horner syndrome**



(A) The patient shows right-sided ptosis and miosis. A prominent left lower facial droop was also present. (B) Axial and (C) coronal noncontrast CT scan of the brain show acute right thalamic hemorrhage.

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