

Teaching NeuroImages: Osteochondroma arising from the clavicle causing ipsilateral Horner syndrome

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A 17-year-old female smoker noticed right eyelid droop for 6 months, with a constant right-sided pressure-like headache with photophobia, phonophobia, and nausea, right-sided lacrimation, and right-sided rhinorrhea. Examination revealed right Horner syndrome. A mass was palpable on the anterior aspect of her neck. Ultrasound of the neck, MRI head, and CT thorax showed a bony mass arising from the right medial clavicular head (figure 1). Histopathology from the excision confirmed an osteochondroma (figure 2). This was removed surgically with partial resolution of symptoms. This case demonstrates a rare cause of Horner syndrome^{1,2} and the importance of thorough imaging of the sympathetic chain.

AUTHOR CONTRIBUTIONS

Diana Wei: wrote the initial manuscript and acquisition of data and review of manuscript. Mike Bradley: interpretation of CT and MRI

scans. Zsolt Orosz: interpretation of histopathology slides. James Stevens: case report concept and critical revision of manuscript for intellectual content.

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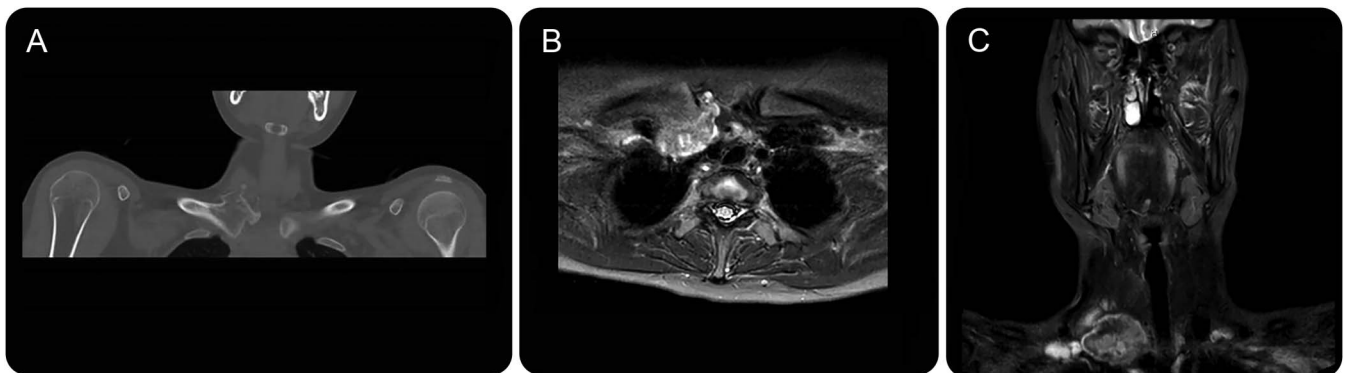
DISCLOSURE

D. Wei, M. Bradley, and Z. Orosz report no disclosures relevant to the manuscript. J. Stevens served on an advisory board for Grifols UK. Go to Neurology.org for full disclosures.

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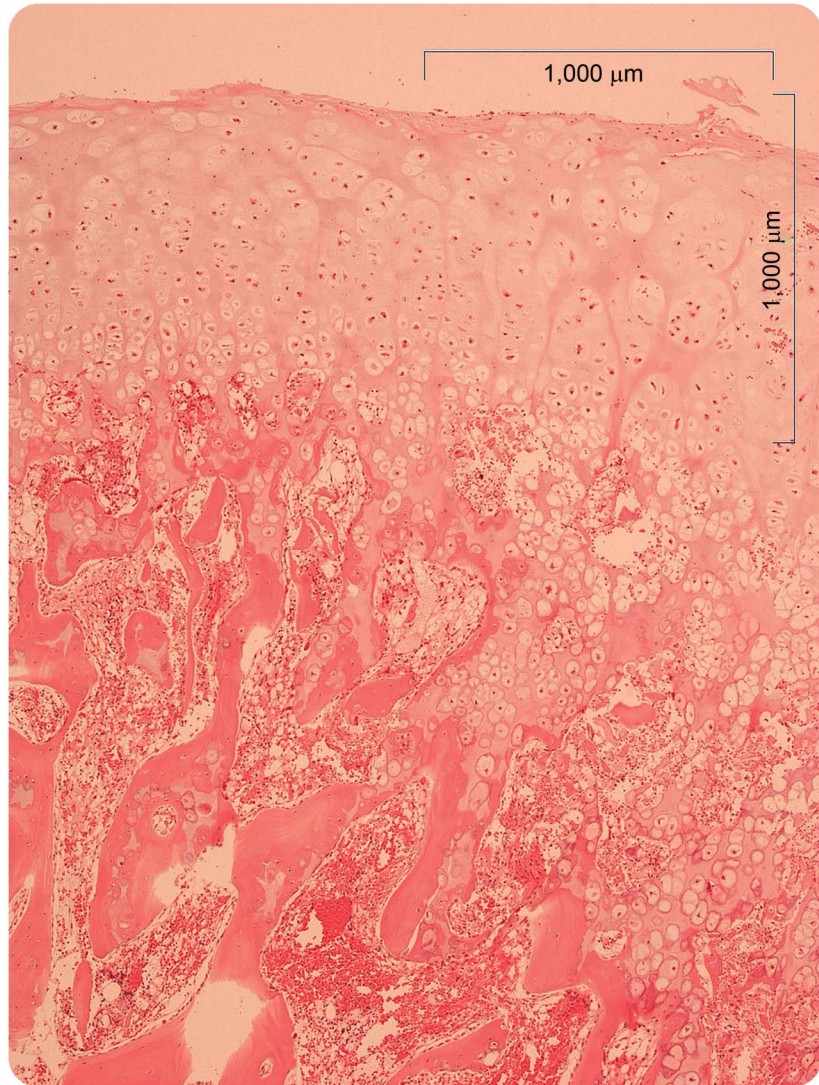
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Figure 1 Imaging showing the bony mass



(A) Coronal CT bone window shows the osteochondroma arising from the medial clavicle. (B) MRI STIR axial and (C) coronal demonstrate the osteochondroma in relation to right carotid and subclavian and cartilage cap.

Figure 2 Histopathology from the excision confirmed an osteochondroma



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