

Teaching NeuroImages: Thermal imaging in Horner syndrome

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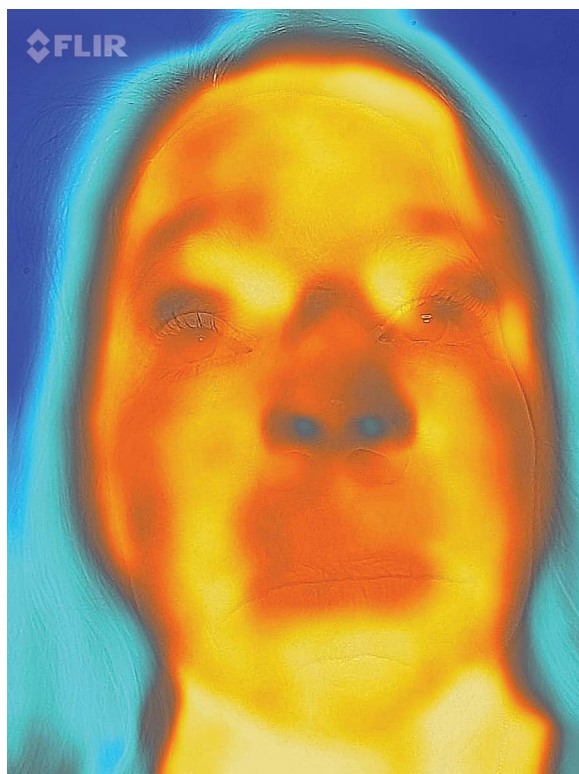
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A 50-year-old woman with a history of fibromuscular dysplasia presented to the emergency department with 1 day of right ear pain. Examination demonstrated 2 mm anisocoria, left pupil larger than right, with brisk pupillary light reactions bilaterally; 2.5 mm right ptosis; and anhidrosis of the right forehead, as determined by the spoon test. Thermal imaging was consistent with this finding (figure). She was diagnosed with acute, painful Horner syndrome. MRI/magnetic resonance angiography demonstrated right internal carotid artery dissection. Due to the risk of stroke immediately following internal carotid dissection,¹ she was treated with heparin drip, then later transitioned to aspirin and clopidogrel therapy.²

Figure Thermal imaging photograph of right Horner syndrome



Thermal imaging photograph, obtained with the FLIROne camera 2 months after symptom onset, demonstrates decreased temperature on the right forehead. This depiction is consistent with the right-sided third-order Horner syndrome and attributable to vasoconstriction in the involved area due to delayed development of adrenergic hypersensitivity secondary to sympathetic denervation.

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Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

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