Unilateral ptosis and miosis caused by pneumomediastinum
Joseph N. Chipman, MD; and Lara J. Kunschner, MD, Pittsburgh, PA

A 29-year-old man presented with right ptosis and miosis. Heavy alcoholic intake for 2 days was followed by decreased level of responsiveness and emesis. His examination found unequal reactive pupils, 3 and 5 mm, and right ptosis. No subcutaneous emphysema was noted. MRI/MRA were normal. Gastrografin esophagram was negative for perforation. CT of neck and chest showed extensive pneumomediastinum (figure).

This is a case of right-sided Horner syndrome secondary to a spontaneous pneumomediastinum due to alveolar rupture from severe retching. The air infiltrated into the mediastinum and tracked up the neck bilaterally. This led to increased air on the right side and compression of the carotid plexus affecting the sympathetic chain causing a right-sided Horner syndrome.

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Address correspondence and reprint requests to Dr. Joseph Chipman, Department of Neurology, Allegheny General Hospital, East Wing, Office Building, 420 East North Ave., Suite 206, Pittsburgh, PA 15212; e-mail: drchipman@hotmail.com


Figure. CT scan of chest and neck using lung windows shows extensive air extending from the mediastinum into the neck bilaterally, greater on the right, compressing the carotid plexus (arrows).
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