A 30-year-old man presented with acute left upper extremity weakness and numbness. He had weakness of intrinsic hand muscles and wrist and finger flexion. The left finger flexor reflex was absent. He had sensory loss of the medial arm, forearm, and hand, and ipsilateral Horner syndrome. Five days previously, he experienced pain at the base of his neck while lifting weights. These findings localize the lesion to the lower cervical/upper thoracic preverte-

Figure 1  Schematic representation of the cervical portion of the sympathetic system and its relationship with the brachial plexus and the subclavian artery

Supplemental data at www.neurology.org

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bral space close to the subclavian artery and lung apex (figure 1). Imaging (figure 2, videos 1–4 on the Neurology® Web site at www.neurology.org) demonstrated a hematoma secondary to a subclavian artery aneurysm. The patient improved with conservative management.

AUTHOR CONTRIBUTIONS
Dr. Nita: drafting/revising the manuscript, study concept or design, analysis or interpretation of data. Dr. Hohol: drafting/revising the manuscript, study supervision.

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DISCLOSURE
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