Teaching Video NeuroImages: Horner syndrome with Déjerine-Klumpke plexopathy

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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

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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
Dr. Nita reports no disclosures. Dr. Hohol has served on scientific advisory boards for and received funding for travel and speaker honoraria from Novartis, Bayer Schering Pharma, Biogen Idec, EMD Serono, Inc., and Teva Pharmaceutical Industries Ltd.

REFERENCES

(A) Coronal T1, (B) sagittal T1, and (C) axial T2 MRI imagery showing a large left hematoma within the prevertebral space (arrows). (D) CT angiography render showing a pseudoaneurysm of the proximal left subclavian artery arising from the posterior wall, at the level of, but not related to, the origin of the left internal mammary artery (arrow). This is the likely source of hemorrhage.
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