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 syndrome1,2 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.

STUDY FUNDING
No targeted funding reported.

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.

REFERENCES

From the Departments of Neurology (D.Y.W., J.C.S.) and Radiology (M.B.), North Bristol NHS Trust; and Department of Histopathology (Z.O.), Oxford University Hospitals, UK.
Figure 2  Histopathology from the excision confirmed an osteochondroma
Teaching NeuroImages: Osteochondroma arising from the clavicle causing ipsilateral Horner syndrome
Diana Y. Wei, Mike Bradley, Zsolt Orosz, et al.
Neurology 2017;89:e13-e14
DOI 10.1212/WNL.0000000000004084

This information is current as of July 10, 2017

Updated Information & Services
including high resolution figures, can be found at:
http://n.neurology.org/content/89/2/e13.full

Supplementary Material
Supplementary material can be found at:
http://n.neurology.org/content/suppl/2017/07/10/WNL.0000000000004084.DC1

References
This article cites 2 articles, 0 of which you can access for free at:
http://n.neurology.org/content/89/2/e13.full#ref-list-1

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
All Clinical Neurology
http://n.neurology.org/cgi/collection/all_clinical_neurology
CT
http://n.neurology.org/cgi/collection/ct
MRI
http://n.neurology.org/cgi/collection/mri
Pupils
http://n.neurology.org/cgi/collection/pupils

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints
Information about ordering reprints can be found online:
http://n.neurology.org/subscribers/advertise

Neurology © is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2017 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.