Horner’s Syndrome

Horner’s syndrome results when the cervical sympathetic pathway from the hypothalamus is interrupted. The lesion may be central (A), preganglionic (B), or postganglionic (C) in origin; it may be primary or secondary to another disorder. Symptoms may include ptosis, miosis, anhidrosis (lack of sweating) and/or hyperemia.
Anatomy – Brachial Plexus

It doesn’t really look like this. . .
Anatomy – macerated specimen (Kerr)
Variability in Plexus anatomy

Tountas et al. Anatomic Variations
Surgical Interventions: Early

• Open reduction
  – Internal rotation contracture release
  – + Latisimus transfer
    • Typically 7 months - 3 years
    • Post-op: cast
    • RTC: 2 week cast check, 4-6 weeks cast removed
    • Return to PROM exercises
      – Typically can an initiate gentle passive internal rotation