

Information for Patients

Horner's Syndrome

Your eye doctor has advised you that you have a condition called Horner's Syndrome. This leaflet will help you understand your condition and the treatment options. You might want to discuss this information with a relative or carer. If you have any questions, you could write them down to help you remember to ask one of the hospital staff at your next visit.

What is Horner's Syndrome?

Horner's syndrome is a rare condition that results from an interruption of the sympathetic nerve supply to your eye. The nerve that dilates your pupil (black part of your eye) in the dark is called the oculosympathetic nerve. This also controls a muscle that helps to keep your eyelid open. When this nerve is not working, the pupil on that side is abnormally small and the upper eyelid droops slightly.

What causes Horner's Syndrome?

Horner's syndrome can be congenital (present at birth) or as a result of birth trauma, acquired (secondary to other disease), or hereditary (inherited). Sometimes no cause can be found. The nerves that dilate the pupils in the dark come into contact with many structures. They begin in the brain and pass down to the spinal cord where they run up over the lung and into the neck. They follow the carotid artery back into the brain where they enter the eye and go to the dilator muscle of the iris (coloured part of your eye). Damage anywhere along this path will cause Horner's Syndrome.

What are the Symptoms of Horner's Syndrome?

The symptoms include

- Drooping of the upper eyelid.
- Swelling of the lower eyelid.
- Sinking-in of the eyeball.
- The pupil becomes smaller.
- Each iris might be a different colour.

How is it diagnosed?

Your doctor might do one or two eye drop tests to confirm that Horner's Syndrome is present and to determine the location of the nerve damage. This is painless and monitors the response of your pupil to eye drops. A chest X-ray and brain scan might be done to look at the places the nerves pass through for possible causes of the damage.

What is the treatment?

Treatment depends on the location and cause of the lesion. In many cases, no other lesion is found, and no treatment is required. You could require consultations with other specialist doctors to manage the underlying cause if one is found.

What are the possible complications of Horner's Syndrome?

Although having Horner's Syndrome by itself will not damage the eye or cause loss of vision, it could be a signal of damage to one of the structures along the nerve. It is important to find out where the damage is and what is causing it because sometimes it can be serious. Examples of serious conditions causing Horner's syndrome are a stroke in the brain, a tumour in the lung, or a break in the wall of the carotid artery called a carotid dissection.

Because each patient is different the information contained in this leaflet is a general guide only. If you require any further information or wish to discuss any of the potential complications outlined in this leaflet, please speak to a member of the nursing or medical staff in the clinic.