A CASE OF CONGENITAL HORNER’S SYNDROME IN A COLLEGIATE BASEBALL PLAYER
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Objective: The purpose of this study is to educate athletic trainers about a rare ocular disorder, Horner’s Syndrome. Background: The athlete in this case is a Division I collegiate baseball player. During January of 2005, this athlete reported to the Athletic Training Room for stretching before baseball practice. At this time, anisocoria was discovered. Past medical history for head trauma was unremarkable. Evaluation revealed his left pupil to be fixed and constricted. Cranial nerve evaluation was within normal limits except for the oculomotor nerve (CNIII). While he did not have a past medical history of head trauma, he was diagnosed with Horner’s Syndrome as a child. The athlete reported facial anhidrosis and anisocoria since birth. Normal signs and symptoms of Horner’s Syndrome include ptosis, pupillary miosis, facial anhidrosis, apparent enophthalmos, increased amplitude of accommodation, heterochromia of the irides (if before age 2 or congenital), paradoxical contralateral eyelid retraction, transient decrease in intraocular pressure, and changes in tear viscosity. Horner’s Syndrome can be presented in three ways. One way is congenital which is due to a brachial plexus injury during birth. The second is Preganglionic Horner’s which can be caused by trauma, aortic or carotid dissection, tuberculosis, or by a Pancoast tumor. The third is Postganglionic Horner’s which is caused also by trauma but differently by a cluster migraine headache, neck surgery, or thyroid surgery. Differential Diagnosis: Differential diagnosis included ruling out concussion, severe brain trauma, a brain tumor, and cranial nerve trauma. Treatment: Generally, treatment depends on the patient’s cause of Horner’s Syndrome. In many cases there is no treatment that improves or reverses the condition. Treatment in acquired cases is directed toward eradicating the disease that is producing the syndrome. Uniqueness: Literature and research show that congenital Horner’s Syndrome is the least common of the three ways the syndrome presents which is the form of Horner’s this athlete has. Conclusion: This case is especially important to athletic trainers because it emphasizes the importance of knowing your athlete’s past medical history. If this had not been discovered prior to a head injury, the pupil discrepancy would have indicated a false sign of severe head trauma, therefore, a significant sign/symptom would not be accurate. Key Words: Horner’s Syndrome, Brachial Plexus, Anisocoria, Pancoast tumor.