

Table 21-2
Most Common Causes of Horner Syndrome in Adults Based on Lesion Location

<i>Central (First Order)</i>	<i>Preganglionic (Second Order)</i>	<i>Postganglionic (Third Order)</i>
Hypothalamus Stroke Tumor	Cervical spine disease Brachial plexus injury	Superior cervical ganglion Trauma Jugular venous ectasia Iatrogenic (surgical neck dissection)
Brainstem Stroke (lateral medullary infarction) Demyelination Tumor	Pulmonary apical lesions Apical lung tumor Mediastinal tumors Cervical rib Trauma Iatrogenic (jugular cannulation, chest tube, thoracic surgery) Subclavian artery aneurysm	Internal carotid artery Dissection Aneurysm Trauma Arteritis Tumor
Spinal cord (cervico-thoracic) Trauma Syringomyelia Tumor (intramedullary) Demyelination Myelitis Arteriovenous malformation	Thyroid tumors	Skull base lesions (nasopharyngeal carcinoma, lymphoma) Cavernous sinus lesion Tumors Pituitary tumor Inflammation Thrombosis Carotid aneurysm Cluster headache

COCAINE

Classically, cocaine drops have been used for pharmacologic confirmation, but they are difficult to obtain and store. Cocaine inhibits norepinephrine reuptake from the synaptic cleft and augments sympathetic activity in an intact neuron. Thus, Horner syndrome pupil should not