

(See page 40)

**Part  
one/  
two/  
three**

**Part  
four/  
five**

- Q1 (a), (b), (c), (d), and (e). She has Horner's syndrome and all of these factors, including, bizarrely, snake bite, may be a cause.
- Q2 (a), (b), (c), (d), and (e). All are possibilities. Even in carotid dissection in evolution the first sign may be the development of Horner's syndrome.
- Q3 (b), (c), and (d). Abby had had these signs for years, making a benign Horner's syndrome the most likely diagnosis. It may have been initiated by some trauma that she has forgotten, but the healthy optic discs and her good general health make serious underlying disease unlikely.
- Q4 (d), (e). The long history suggests strongly that this is a benign condition that does not justify more serious investigations, but a full neurological opinion is needed to confirm this. The chest X-ray is needed because a slowly growing apical cancer in the lung on the same side as the eye with ptosis is a possibility. She is an ex-smoker with all that means in extra lung cancer risk.
- Q5 (a), (b), (c), (d), (e), (f), and (g). All are possible causes, and need to be considered in any new diagnosis of Horner's syndrome.

After being referred to the neurology department it was decided that this was a long-standing Horner's syndrome of unknown cause, though probably not congenital (in which the affected eye has usually less pigment in the iris than the normal one), but that it was not associated with serious central nervous disease. Abby continues not to worry about it. Her chest X-ray was clear. She will be seen regularly in follow up, with particular care to detect any future change in her eye signs and symptoms, and any developing neurological signs.

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