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Horner's syndrome and Fuchs' heterochromic uveitis

EDITORS.—Several reports of Fuchs' heterochromic uveitis (FHU) accompanying both congenital and acquired Horner's syndrome can be found in the literature. However these reports are scarce, and the association remains unproved. A sympathetic aetiology for FHU is unproved, and to date no convincing evidence exists.

We report a case in which FHU and Horner's syndrome co-exist. A 69-year-old white man presented with blurred vision in the right eye of rapid onset over the past 4 months. He had no other ocular symptoms. Systemically he was well except for a history of hypertension and an episode of vertebralbasilar insufficiency 10 years ago. Six years earlier he was noticed to have a partial ptosis with a smaller pupil on the right side, and diagnosed as having Horner's syndrome clinically which was then confirmed pharmacologically. On examination his visual acuity was right counting fingers, and left 6/5. On the right he had a 4 mm ptosis, diffuse stellate keratic precipitates on the cornal endothelium, plus flare and plus cells in the anterior chamber, 2 mm miosis compared with the left, heterochromia iridis with irri stroma atrophy but no transillumination defects, no anterior synechiae, and a moderate posterior subcapsular cataract. He had normal intraocular pressure, normal discs, and full fields. Both pupils responded normally to light and accommodation. Cocaine hydrochloride 4% failed to dilate the right pupillary defect, but fully dilated the left; however, the right pupil fully dilated after instillation of 1% phenylephrine.

This is a further report of Horner's syndrome occurring in association with FHU. Few such documented cases exist. This case differs from previously reported cases in that the diagnosis of Horner's syndrome was made 16 years before the diagnosis of FHU. In most of the previously reported cases the diagnosis of Horner's syndrome was made in retrospect, once the signs of FHU were already present. Some authors have felt that such a diagnosis may be difficult or inaccurate because of the small pupillary changes which can occur in FHU itself, and the pharmacological tests for Horner's also become unreliable.

Whether this case illustrated a genuine association between FHU and Horner's syndrome remains unresolved, and the debate as to whether FHU has a sympathetic aetiology will not continue.


