Pictorial CME

Pancoast Tumour Presenting as Paraplegia with Horner’s Syndrome

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A 60 year old male farmer presented with acute paraplegia, loss of sensations below the nipples and bowel-bladder incontinence since two days.

On examination, Horner’s syndrome with ptosis, miosis and anhidrosis was noted on the left half of the face (Fig. 1). Small muscle wasting and ulnar clawing were noted in the left hand with diminished sensations suggesting a C8-T1 radiculopathy. There was hypotonia, grade 0/5 power, brisk knee jerks and extensor plantar responses in both lower limbs. A sensory level was present at the T4 dermatome.

Magnetic resonance imaging revealed abnormal soft tissue in the apex of the left lung with supraclavicular and paraspinal extension (Fig. 2) with associated involvement of T1-T4 vertebrae, underlying spinal cord and destruction of first two ribs (Figs. 3, 4). Thus, findings were consistent with the Pancoast (superior sulcus tumour) syndrome.

The patient was given supportive management and referred for palliative chemoradiotherapy.

Reference


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