

Impact of T3 thoracoscopic sympathectomy on pupillary function: a cause of partial Horner's syndrome?

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We compliment Dr. Ramos et al. [1] for their important clinical observation. The observation of a partial Horner's syndrome raises the question of the nervous pathways responsible for each of the three components of this triad. The observation made by the authors supports the hypothesis that different pathways are responsible for each component. This hypothesis also has been suggested in a recent experimental study [2]. Dr. Ramos et al. reported that one of their patients developed ptosis. At what rib/intercostal level was the T3 ganglion which ablation resulted in ptosis? How do the authors explain this event in a T3 sympathetic ablation? There is a substantial variability in the anatomy of the upper thoracic sympathetic chain. In a recent cadaveric study, Zhang et al. [3] found that the T3

ganglion was located in the third intercostal space only in 68 % of examined hemi thoraces. It would be of interest to learn the exact surgical technique that they have used and, in particular, how did they identify the ganglion to be ablated.

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