

solution from the left to the right side. We would expect the patient reported by Allen and Samson to have a bilateral block if this was the case.

In our own experience, three of our patients have developed a "contralateral Horner's sign" after stellate blocks. Two of them eventually produced, after several minutes, signs of ipsilateral sympathetic block with "disappearance" of the contralateral phenomenon.

It is possible that the inadvertent direct puncture of the sympathetic chain (ganglia or nerves) with the needle caused an initial autonomic stimulation, inducing a Pourfur du Petit sign (or inverted Horner), which easily could be mistaken for an autonomic blockade of the opposite side. As the local anaesthetic took effect, the ipsilateral Horner's sign finally developed. We postulate that in our one patient who did not proceed to develop a Horner's sign, the sympathetic chain was punctured but, when repositioning the needle, the solution was injected outside the proper plane.

The same phenomenon may be seen sometimes in patients with Pancoast tumours, with a phase of sympathetic stimulation, preceding by days or weeks the development of signs of autonomic blockade.

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REFERENCE

- 1 Allen G, Samson B. Contralateral Horner's syndrome following stellate ganglion block. *Can Anaesth Soc J* 1986; 33: 112-3.

REPLY

We agree with Drs. Schnapp and Mays that if local anaesthetic did spread to the opposite side, one would expect a bilateral block. This did not occur in our patient. Because of her unusual response to the stellate block, she was kept in the recovery room for a prolonged period before being allowed to go home. At no time did she develop any signs of sympathetic stimulation or block on the ipsilateral side.

However, on the contralateral side, within minutes she developed pronounced ptosis and meiosis, associated with nasal stuffiness, anhydrosis and endophthalmos. Therefore it is difficult to believe that this was due to autonomic stimulation on the ipsilateral side produced by inadvertent puncture of the sympathetic chain.

The mechanism producing a contralateral Horner's syndrome remains poorly understood.

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