A 28-year-old woman was incidentally found to have a large right apical mass (figure 1) on a chest radiograph. She denied having any respiratory symptoms but had noted asymmetric flushing of her face following strenuous exercise (figure 2). On closer questioning she also described hypohydrosis affecting the right side of her face.

She had further imaging with an MRI scan that was suggestive of a nerve sheath tumour (figures 3 and 4), which was subsequently resected by thoracic surgery. The histology confirmed a schwannoma.

The ‘Harlequin sign’ is characterised by asymmetric flushing and sweating of the face, representing localised ipsilateral autonomic dysfunction, due to a cervical sympathetic deficit located at the cervical sympathetic ganglion. The exact cause is often difficult to determine, with rare cases being related to a congenital abnormality or compression by a cervical rib, but most cases are idiopathic. The consensus is that the ‘Harlequin sign’ is a transient entity in most of these cases. However, some patients are left with permanent autonomic dysfunction, which leads to secondary hypohydrosis and flushing.

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Figure 1 Chest radiograph showing a large right apical opacity and evidence of thinning of the right second rib posteriorly.

Figure 2 Well-demarcated unilateral flushing following exercise.

Figure 3 Axial T2-weighted total spin echo MRI image showing a high signal heterogeneous tumour in right apex.

Figure 4 Post-gadolinium T1-weighted MRI sagittal image demonstrating marked tumoural enhancement.
preganglionic or postganglionic level on the non-flushing side. In our case, unilateral facial flushing was caused by tumour compression of the cervical sympathetic chain. Since resection of the tumour, her symptoms have improved significantly.

Harlequin syndrome is a rare syndrome secondary to autonomic dysfunction resulting in anhydrosis and absent or reduced facial flushing on the affected side. Oculosympathetic paresis may be present in some cases. Causes of Harlequin syndrome include carotid artery dissection, local trauma and neurotropic viral infections but rarely is idiopathic. Traditionally, the side with excessive flushing and sweating was perceived to be pathological, but it is now believed that the excessive flushing and sweating is due to a compensatory over-reaction to regulate heat of the face by the unaffected side of the face.

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**REFERENCES**

