A 51-year-old man presented to our emergency department with persistent right cervical pain. Neurologic examination was unremarkable, and no anisocoria was reported. Using a linear ultrasound probe, the pupillary diameters were measured at rest, under direct/consensual light stimulus, and after elicitation of the ipsilateral ciliospinal reflex (CR), evoked by applying a painful stimulation (pinching) at the base of the neck on the trapezius muscle.\textsuperscript{1,2}

Figure 1  Ultrasonographical evaluation of the pupils

Ultrasound B-mode image of the pupillary diameter (A, B); normal pupillary reflex to light in right and left eyes (C, D); ciliospinal reflex in right (E, no reaction) and left eyes (F, normal mydriatic reaction, dilation: 16%).

Figure 2  MRI of carotid dissection

FAT/SAT MRI and magnetic resonance angiography with distal dissection of the right internal carotid artery (A, B).
Although pupillary response to light was comparable on both sides (figure 1, A–D), mydriatic dilation after CR elicitation was completely absent on the right side (figure 1, E and F). FAT/SAT MRI showed a distal dissection of the right internal carotid artery (figure 2). Ultrasound examination helped to detect subtle pupillary dysfunction, not easily apparent to the clinician’s eye.

Filippo Farina, MD, Cornelia Brunner, MD, Stephan J. Schreiber, MD, Anna Palmieri, MD, Walter Struhal, MD, Claudio Baracchini, MD, Milan R. Vosko, MD, PhD

From the Stroke Unit and Neurosonology Laboratory (F.F., A.P., C. Baracchini), Department of Neurological Sciences, University of Padua School of Medicine, Italy; Stroke Unit and Neurosonology Laboratory (C. Brunner, W.S., M.R.V.), Department of Neurology 2, Kepler Universitätshqlinikum, Linz, Austria; and Department of Neurology (S.J.S.), Asklepios Clinic, Brandenburg an der Haven, Germany.

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Correspondence to Dr. Vosko: milan.vosko@kepleruniklinikum.at

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Filippo Farina, Cornelia Brunner, Stephan J. Schreiber, et al.
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