In this report we present 2 cervical sympathetic chain schwannoma (CSCS) cases with different clinical presentations, one being a pulsatile neck mass associated with Horner’s syndrome and the other being an asymptomatic neck mass. CSCS usually presents as an asymptomatic neck mass and atypical findings such as Horner’s syndrome and/or pulsation may occur in rare cases. Pulsatile CSCSs are generally diagnosed as carotid body tumors at initial workup and patients are referred to vascular surgeons. The differences in symptomatology, the preoperative management, and the importance of differential diagnosis are discussed.

Key words: carotid body tumor, neck mass, schwannoma, sympathetic chain.

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