

EAGLE'S SYNDROME

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هذه المقالة تصف حالة مرضية (مرض آيقل وتكلس الألياف للعظم الأبري اللامي) شخضت بعد ثلاث سنوات من بدء الشكوى وتبين سهولة تشخيص هذه الحالة إذا أعطى الطبيب أهمية للفحص السريري والظواهر المرضية وكذلك الصور الشعاعية.

Eagle's Syndrome can be diagnosed easily if the clinician gives a high consideration to the history, clinical examination and radiographic interpretation.

Introduction

The styloid process develops from the second branchial arch. Ossification of the stylohyoid ligament was first reported in 1652 by Marchetti.¹ Most investigators consider the normal length of the²⁻³ In 1937, Eagle² presented the first two cases of symptomatic elongated styloid process. Eagle's syndrome, named after him, is characterized by vague facial pain, dysphagia, otalgia, sensation, or the feeling of a foreign body in the throat and discomfort along the path of the internal and external carotid arteries.⁴⁻⁵

Messer and Abramson⁵ recommended surgical removal of the elongated styloid process while others recommended injection of a steroid solution at the lesser horn of the hyoid or the inferior aspect of the tonsillar fossa.⁶

The case described in this paper was diagnosed as an Eagle's syndrome three years after the onset of symptoms.

Case Report

A 47-year-old edentulous Saudi female patient was referred to the Specialist Clinic in the College of Dentistry, King Saud University with a chief complaint of pain on swallowing during movement of her head, and with opening of her mouth. The

pain started three years previously after she had received her maxillary and mandibular dentures. The patient had been edentulous for five years. Intraoral examination revealed pain bilaterally when the tip of the finger was inserted into the tonsillar fossa with the mouth opened. No other intraoral abnormality was detected. Panoramic radiography revealed bilateral elongation of the stylohyoid processes which were approximately 4.5 centimeters in length (Fig. 1).

Based on history, clinical and radiographic examinations, a definitive diagnosis of Eagle's syndrome was *made for* this case and surgical removal of the elongated styloid processes was performed. Examination of the patient's dentures showed that only a reining was necessary and that the dentures were not the cause of her dysphagia.

Discussion

Diagnosis of an elongated styloid process can be readily made if the clinician pays careful attention to this entity during clinical examination and radiographic interpretation. Clinical examination for this patient and the given history did not differ from the history given by other reported cases.^{4,5} Panoramic radiographic examination, which reveals elongation of styloid process, confirms the diagnosis of this case as an "Eagle's Syndrome".

This case emphasizes the importance of panoramic radiographs in facilitating the detection of hidden pathological conditions which can other-

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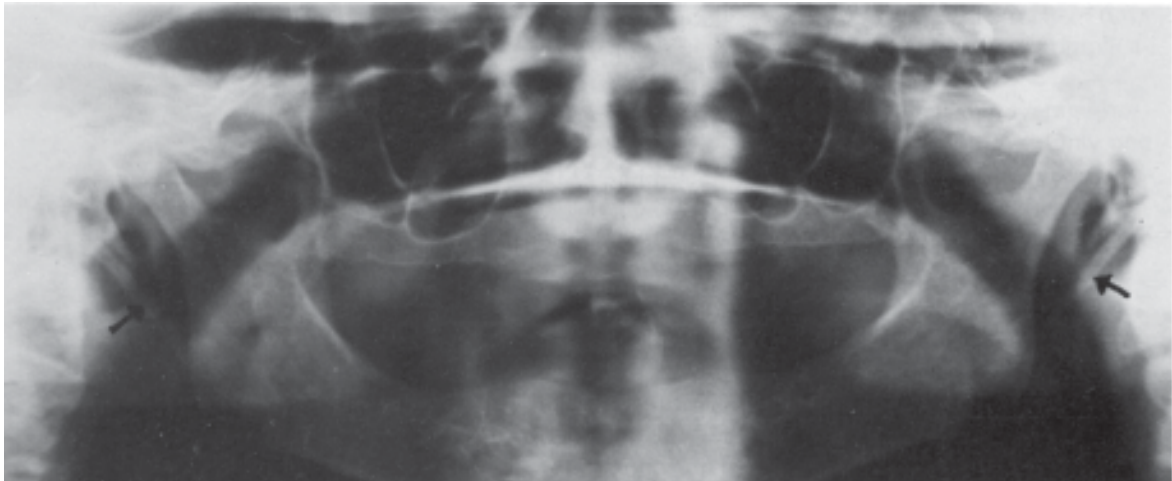


Figure 1, Panoramic radiograph showing bilateral elongated styloid processes.

wise not be detected easily with routine intraoral radiographs.

References

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