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MANAGEMENT OF EAGLE'S SYNDROME A RECOGNIZED SOURCE OF FACIAL PAIN

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ABSTRACT

In this report, five cases suffered from Eagle's syndrome are presented. The five patients were previously misdiagnosed and mistreated probably because of unawareness of this clinical entity. Diagnosis and surgical excision of the ossified elongated styloid-stylohyoid chain are presented.

INTRODUCTION AND REVIEW OF LITERATURE

Eagle's syndrome is characterized by elongated styloid process and ossification of the stylohyoid ligament. Elongated styloid process (more than 25 mm) is present in 1-4% of general population[1].

W.W. Eagle an E.N.T.-surgeon reported several cases of cervicopharyngeal symptoms associated with radiographic diagnosis of an elongated ossified styloid process occurring few months post-tonsillectomy[2,3]. Eagle postulated that such traumatic incident occurring in the pharyngeal region could stimulate the styloid process, resulting in its overgrowth and subsequent pharyngeal symptoms[4,5]. The clinical significance of the styloid process is associated with its elongation, ossification or impingement on the adjacent soft tissues[6]. Anatomically the styloid process originates at the base of the skull in the temporal bone and extended as a tapered cylindrical spur of bone[7,8]. Medially the lingual, the facial, the superficial temporal, the maxillary and the internal caretid artery as well as the internal jugular vein are located[7,8]. Laterally, the facial, the hypoglossal nerves, the occipital artery and the posterior belly of diagstric muscle are found[7,8]. Also originates from the styloid process are the stylohyoid muscle (facial nerve), the styloglossus muscle (hypoglassal) the stylopharyngeus muscle (gloss opharyngeal), the stylomandibular ligament and the stylohyoid ligament[7,8]. The clinical signs and symptoms of Eagle's sndrome (syloid process syndrome, stylohyoid syndrome, styloid-stylohyoid syndrome) usually consist of one or more of the followings.

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