

Eagle syndrome: A case presentation

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Introduction: Eagle syndrome characteristic is constant pain in the oropharynx and face, the cause is elongated styloid process or calcified stylohyoid ligament. Eagle syndrome (ES) is first time described, by an otolaryngologist, Watt W. Eagle, in 1937. The stylohyoid complex is made of styloid process, stylohyoid ligament, and the small cornua of the hyoid bone. The normal length of the styloid process is individually variable, but in the majority of patients it is about 2cm. Eagle's syndrome is treated surgically and nonsurgically. A pharmacological approach by transpharyngeal infiltration of steroids or anesthetics in the tonsillar fossa has been used, but styloidectomy is the treatment of choice. Styloidectomy can be performed by an intra- or an extraoral approach.

Case Presentation: A 22 years old male, presented with complaint of recurrent sore throat with frequently odynophagia and sometime ear ache on both side (predominantly on left side) since one year. By taking the history, pharyngoscopy and evaluating the radiography the diagnosis of elongated processus styloideus and recurrent acute tonsillitis was made. After completing the blood examination and anesthesia consultation, patient selected for tonsillectomy and bilateral styloidectomy under local anesthesia. At first tonsillectomy was done, then processus styloideus identified intraorally and dissected from periosteum, and 1cm from the middle end cauterized. The pharyngeal wall was repaired, no serious bleeding, Augmentin injection advised preoperatively and postoperatively, patient discharged from hospital after 48hr. Three months after procedure patient checked again with no complaint.

Conclusion: Already eagle syndrome is a rare case, sometime the coexistence of recurrent acute tonsillitis (RAT) and chronic tonsillitis (CT) at the same patient may mask the diagnosis of elongated processus styloideus and for that reason if the odynophagia is persistent in a patient with RAT and CT, for evaluation of processus styloideus it is better to do at least the plain neck lateral radiography.

Biography

Dr. Fazel Khaliq Omari is an ENT Specialist and Otolaryngologist since 1997. He was graduated from ENT residency program in National Military Hospital as an ENT Specialist in 2005.

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