



Eagle Syndrome

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Clinical Image description

70 yr old male presented with history of throat pain of 1-month duration, sudden onset severe pain. Pain was severe with feeling of blocking sensation of throat and difficulty in swallowing movements. Pain is radiating to neck, evaluated by ENT for pharyngeal pathology and was referred for upper GI scopy to rule out esophageal problems. He is a diabetic and on treatment. Upper GI scopy was normal and suggested high-resolution oesophageal manometry to rule out motility disorder. Manometry was normal with no abnormality in upper esophageal or cricopharyngeal pressures. As his symptoms were impairing quality of life, CT neck with upper chest was advised, which showed the abnormality, which can explain his symptoms. Styloid process was elongated (Rt: 3.7, Lt: 3.9 cm) and was impinging on posterior pharyngeal wall (Figure 1). Patient was reassured about the benign nature of illness and managed with analgesic and anti-inflammatory medications.

Eagle syndrome is a rare clinical condition where there is a constellation of symptoms accompanied by elongation of styloid process or by mineralisation of stylohyoid complex. Syndrome was named after Watt W Eagle in 1937 who described stylalgia [1]. Elongated styloid process is seen in 4 percent of population. Length of styloid process is generally 2.5 cm anything more than 3cm is elongated in general [2]. Though it's elongated bilaterally symptoms are mostly unilateral. Usual presentation is more than 40 yrs with no sex predilection. Throat discomfort is characteristic dull nagging type of pain worsened by deglutition. Other manifestation includes facial pain, otalgia, foreign body sensation in throat and symptoms due to cranial nerve compression. Clinical diagnosis is based on careful history, examination which includes palpation of tonsillar fossa for the styloid process, which may reproduce symptoms. Diagnosis is ascertained by lateral head and neck x-ray and Medical treatment is the first



line therapy which analgesics, anti-inflammatory agents and amitriptyline or pregabalin. Local therapy includes injection of steroids and local anaesthetics [3]. However, long-term remission of symptoms requires surgical resection of elongated styloid process [4]. Eagle syndrome is a common condition patient may present to gastroenterologist for throat discomfort, dysphagia, odynophagia, symptoms of Gastroesophageal Reflux Disease (GERD) and Laryngopharyngeal Reflux (LPR). But diagnosis is often missed by many clinicians hence awareness of this clinical condition is essential.

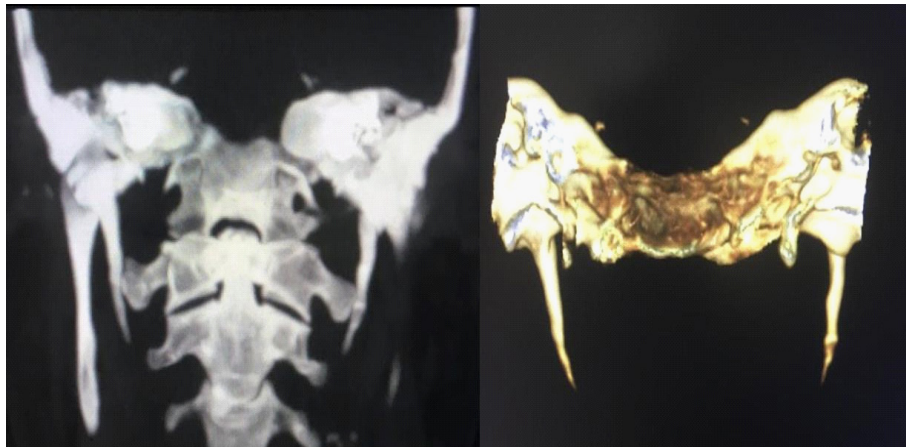


Figure 1: CT reconstructed image showing abnormally elongated styloid process Rt side: 37mm, Left side 39 mm (Normal: 25mm).

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