Eagle’s Syndrome (Elongated Styloid Process)

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A 51-year-old diabetic man, presented with a 6-month history of cervical pain radiating to the right upper limb. Despite non-steroid analgesics the situation worsened. Physical examination was normal except for a submandibular local tenderness. Routine blood and urine tests were normal. An elongated styloid process (SP) was suspected on cervical lateral radiograph (Picture 1). On CT-scan, the right SP was slightly longer (55 mm) than the left (52 mm) (Picture 2). Stylohyoid ligament calcification was also noted (arrows). The patient was referred to the otorhinolaryngology department. After local injection of steroids and lidocaine, complete remission was obtained.

Elongated SP (more than 30 mm) is known as Eagle’s syndrome when it causes clinical symptoms classically attributed to pharyngeal, cervical nerves or vascular interactions (1). These symptoms are non-specific and can be confused with a wide variety of disorders including facial neuralgias, oral, otologic, temporomandibular, and spinal diseases (1). As palpation of the tip of the SP can exacerbate existing symptoms, three-dimensional CT-scan is the most valuable diagnostic tool (2).

References