

An Interesting Presentation Of Eagle Syndrome

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Citation

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Abstract

Eagle syndrome is a relatively rare disorder whereby a calcified stylohyoid ligament or elongated styloid process give rise to a multitude of otolaryngological symptoms. We describe a case whereby a gentleman was referred with a bona fida reason for having a pharyngeal foreign body, but was found to have an elongated styloid process and symptoms related to this.

INTRODUCTION

Eagle syndrome derives its name from Watt Weems Eagle an American Otolaryngologist who was born in 1898. He first published his data in 1937 with a series of 200 patients presenting with symptoms related to a calcified stylohyoid ligament or elongated styloid process. These symptoms include a pharyngeal foreign body sensation, dysphagia, pain on head rotation, otalgia, dizziness and headaches. The symptoms are attributed to impingement of the glossopharyngeal nerve as it runs close to the styloid process and calcified ligament.¹

An elongated or calcified stylohyoid ligament does not necessarily indicate Eagle syndrome. The diagnosis is made on the basis of history and exacerbation of pain on palpation of the tonsillar fossa. Another test of diagnostic, and also therapeutic benefit, is that of injecting local anaesthetic into the tonsillar fossa, which should result in diminished symptoms.

Treatment of this condition is often with reassurance and local anaesthetic and steroid injection as mentioned above are required. Many centres believe that treatment for this syndrome is primarily surgical.² This can be performed either through an intraoral or external approach.

Here we present an interesting case of a 21 year old gentleman with Eagle syndrome that was recognised due to his presentation with another, but similar, otolaryngological complaint.

Figure 1

Figure 1



CASE REPORT

This 21 year old gentleman presented to accident and emergency with the sensation of a foreign body in his throat. He had eaten a fish curry with bones in it the night before. Swallowing food and fluid was fine. He had a soft tissue lateral neck radiograph and was told he needed to be seen in otolaryngology clinic as he had a visible foreign body on the radiograph. Seen in the otolaryngology clinic the next day he

still had some discomfort in his throat but this was improving. He did however say that he had had this before and got throat pain on turning his neck. There was no foreign body visible on examination and no evidence of abrasions in the oropharynx. The accident and emergency department had organised a lateral soft tissue radiograph of the neck and had been concerned of a large foreign body being present. The lateral radiograph (fig 1) shows features suggestive of a pharyngeal foreign body (neck held in extension and mucosal oedema) but no actual foreign body. However, the radiograph convincingly demonstrates an elongated styloid process, a calcified stylohyoid ligament and a pseudoarticulation between the two.

As the young gentleman's symptoms were not unduly bothering him, he was discharged back to the care of his general practitioner with the advice to return if problematic.

DISCUSSION

This case is interesting in that a concurrent pathology led to the uncovering of the patient's true underlying pathology, which may have passed unnoticed. Eagle's syndrome although relatively rare is a diagnosis to consider in patients with recurrent symptoms of foreign body sensation in the pharynx. It has a wide variety of presenting symptoms and many specialities other than otolaryngologists may encounter this syndrome. Although surgery is seen as the treatment of choice, it may not always be indicated and patient's perception of their symptoms should be considered.

References

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