Journal of Dental Pathology and Medicine

Ruth D, J Dent Pathol Med 2021, 5:6

Commentary Open Access

Diagnosis and Treatment of Eagle Syndrome

Derek Ruth*

Department of Dental Health Services Research Unit, University of Dundee, Dundee, UK

***Corresponding author:** Dr. Derek Ruth, Department of Dental Health Services Research Unit, University of Dundee, Dundee, UK, E-mail: Ruth@der.edu

Received date: December 09, 2021; **Accepted date:** December 23, 2021; **Published date:** December 30, 2021

Citation : Ruth D (2021) Diagnosis and Treatment of Eagle syndrome. J Dent Pathol Med 5.114.

Description

Eagle syndrome (also known as stylohyoid syndrome, styloid syndrome, styloid-stylohyoid syndrome, or styloid–carotid artery syndrome) is a rare condition characterised by sudden, sharp nerve-like pain in the jaw bone and joint, back of the throat, and base of the tongue, which is triggered by swallowing, moving the jaw, or turning the neck. Because the brain-to-body nerve connections flow through the neck, impingement or entanglement can cause a variety of seemingly unrelated symptoms. The disorder is caused by an extended or malformed styloid process (the slender, pointed piece of bone right behind the ear) and/or calcification of the stylohyoid ligament, both of which interfere with the functioning of nearby body parts, resulting in pain.

Symptoms include Sharp, shooting pain in the jaw, back of the throat, base of the tongue, ears, neck, and/or face are all possible symptoms. Swallowing problems,The sensation of a foreign object lodged in one's throat, Chewing, swallowing, twisting the neck, or touching the back of the throat can all cause pain. In the ears, there is a ringing or buzzing sensation. Classic eagle syndrome affects only one side of the body; however, it can affect both sides in rare cases.

Eagle syndrome is caused by a calcification of the stylohyoid ligament or extension of the styloid process. However, the exact cause of the elongation is unknown. It could happen on its own or have been present since birth. Normal stylohyoid processes are 2.5–3 cm long; if they are longer than 3 cm, they are known as extended stylohyoid processes.

When a patient exhibits symptoms of the traditional type of "Eagle syndrome," such as unilateral neck pain, sore throat, or tinnitus, a diagnosis is suspected. The tip of the styloid process can sometimes be felt in the back of the throat. The vascular kind is more difficult to diagnose and requires an expert opinion. When neurological problems emerge as a result of head rotation, one should be suspicious. Bimanual palpation of the styloid through the tonsillar bed tends to aggravate symptoms. Lidocaine infiltration into the tonsillar bed may help to ease them. This technique should not be considered risk-free due to the presence of numerous big arterial systems in this area. Imaging is both useful and diagnostic.The suggested imaging strategy is to visualise the styloid process on a CT scan with 3D reconstruction. An orthopantogram or lateral soft tissue X-ray of the neck may reveal the enlarged styloid.

Surgery to shorten the styloid process is the most common treatment for Eagle syndrome (styloidectomy). This surgery has traditionally been performed either intraorally *via* the mouth or extraorally (through the neck).Tonsillectomy is frequently required for the intraoral approach, and access to the styloid process is limited.This procedure, on the other hand, is said to be safer, easier, and does not leave a visible scar.

In recent years, more minimally invasive procedures for head and neck surgery have been adopted. An endoscope-assisted method has been used on certain Eagle syndrome patients. A long, thin tube with a camera at the end is known as an endoscope. This method, according to the authors of a 2017 study, has the advantages of offering direct surgical access, adequate exposure, and little invasion. The use of pain and anti-inflammatory medicines, antidepressants, and/or steroids for pain management may be used to treat Eagle syndrome.The entire treatment success rate (medical or surgical) is around 80%. People with concerns regarding their own treatment options and advice for Eagle syndrome should consult their doctor.

Approximately 4% of the general population has an extended styloid process, and roughly 4% of these people develop Eagle syndrome symptoms. As a result, the risk of developing stylohyoid syndrome is estimated to be at 0.16 percent. Patients with this syndrome are often between the ages of 30 and 50, however it has also been seen in youth and patients over the age of 75. It affects more women than males, with a male-to-female ratio of 2:1.