ORAL PRESENTATION

Eagle Syndrome: The Forgotten Entity

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Elongated styloid process or Eagle syndrome is a rare condition presenting with a wide range of symptoms including throat pain, foreign body sensation, neck pain and ear pain. Establishing a diagnosis requires a high index of suspicion and understanding of this entity by the physician. Computed tomography (CT) is the gold standard to diagnose Eagle syndrome. Conservative medical treatment with analgesics, oral steroids and anticonvulsants are offered in patients who refused surgery. The mainstay of treatment is surgical resection via intraoral or cervical approaches. We describe a rare case of bilateral Eagle syndrome in a 46-year-old female who was presented with chronic foreign body in the throat but aggravated following fish bone ingestion. sensation nasopharyngolaryngoscopy (FNPLS) and cervical x-ray did not reveal any foreign body and the patient was treated conservatively. Incidentally, a cervical x-ray also revealed an elongated styloid process bilaterally. Upon follow-up, the patient was still symptomatic. Thus, a CT scan with contrast of the neck was requested, which reported no foreign body, but the presence of bilateral elongated styloid process suggesting Eagle Syndrome. The patient was subjected to transoral endoscopic assisted bilateral styloidectomy following tonsillectomy. There was a complete resolution of the symptoms postoperatively. This approach is recommended to avoid external scarring and minimize postoperative pain. Eagle syndrome is diagnosed based on a combination of physical examination and radiological findings. The treatment options may vary based on the severity of symptoms.

Keywords: Eagle Syndrome, elongated styloid process, transoral, endoscopic, styloidectomy

DOI: http://dx.doi.org/10.31344/ijhhs.v6i0.404

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