Giant Eagle syndrome with pseudoarthrosis and peripheral facial palsy

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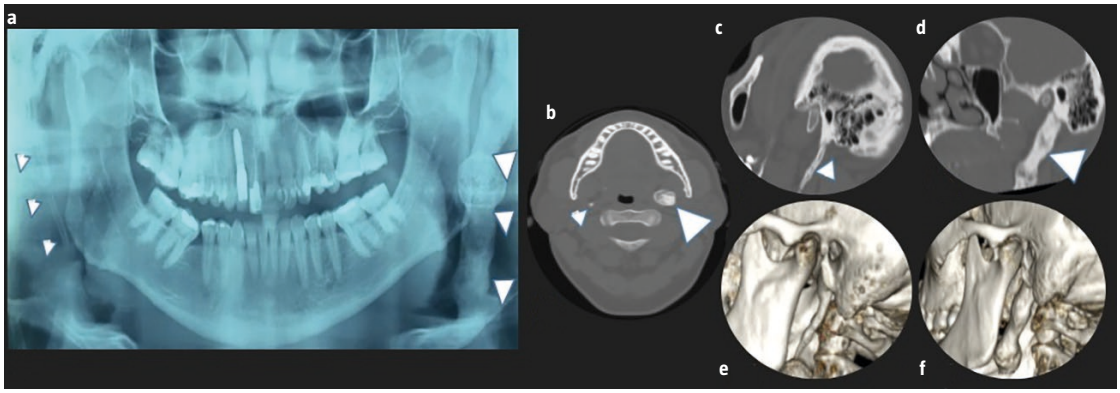

Figure 1. Panoramic pain radiograph showing enlarged styloid processes (arrowheads), with coarse appearance and pseudoarthrosis on the left (a). Computed tomography in axial (b) and oblique sagittal planes (c and d) and 3D volume rendering reconstructions (e and f). Enlarged styloid processes (arrowheads), with coarse appearance and pseudoarthrosis on the left.

A 55-year-old man presenting with headache, difficulty to opening the mouth and pain on palpation of the left masseter muscle for six months, and left peripheral facial palsy in the last month. Radiography and computed tomography (Fig. 1) showed enlarged styloid processes, compatible with Eagle´s syndrome. After excision of the left styloid process (Fig. 2) the patient was cured.

Eagle syndrome represents a constellation of symptoms, primarily facial pain, believed to be related to a prolongation of the styloid process or calcification of the stylohyoid and stylomandibular ligament [1,2]. It is a rare entity that is not commonly suspected in clinical practice [3]. The reported incidence of an elongated styloid process, defined as greater than 25 mm, ranges from 1-7% of the population, but only 4-7% of these patients experience related symptoms [1,4].

Patients with Eagle syndrome may present with sore throat, ear pain, or even a foreign body sensation in the pharynx secondary to interactions of the pharyngeal and cervical nerves [3]. A medial minor deviation of the styloid process can lead to symptoms of severe atypical facial pain [3]. The syndrome is usually seen in patients after pharyngeal trauma or tonsillec-

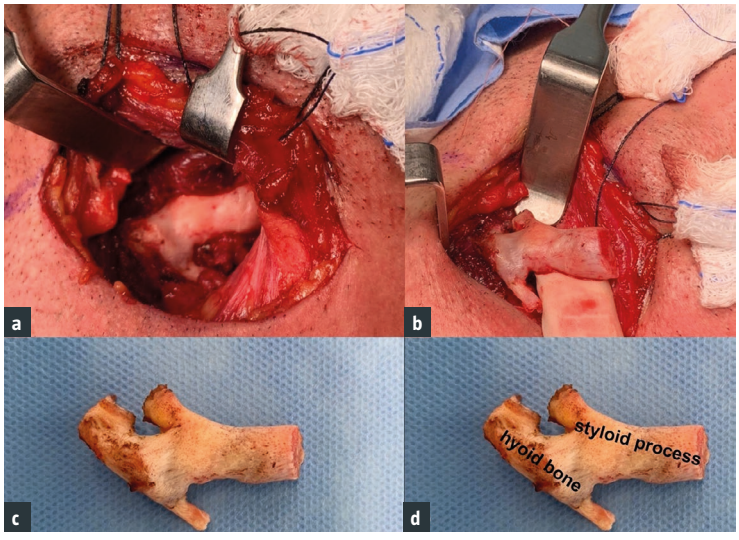

Figure 2. Demonstration of enlarged left styloid processes excision.

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tomy [3]. As the symptoms are variable and non-specific, patients seek treatment in several different clinics, such as otolaryngology, family practice, neurology, neurosurgery, dentistry and psychiatry.

The treatment can be conservative or surgical. The conservative treatment contains nonsteroidal anti-inflammatory medications or injection of a steroid with an anesthetic solution into the tonsillar fossa [5]. Surgical therapy is performed by removing the styloid process which can be done by intraoral or extraoral approach [5]. The treatment option is based on the harshness of the clinical symptoms and reaction to conservative treatment [5].

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