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CLINICAL IMAGE IN GASTROENTEROLOGY

Eagle syndrome as an uncommon cause of dysphagia[☆]



Síndrome de Eagle como causa infrecuente de disfagia

S. Benet-Muñoz*, L. Tacoronte-Pérez, R. Fernández-Belda, J.J. Artazkoz-del Toro

Otorhinolaryngology Service, Hospital Universitario Nuestra Señora de Candelaria, Santa Cruz de Tenerife, Spain

A 57-year-old man with an unremarkable past history sought an otorhinolaryngology consultation for symptoms of oropharyngeal dysphagia and an ever-increasing sensation of a foreign body. Physical examination and fiberoptic

nasopharyngoscopy were normal, and so an extension study was carried out. The computerized tomography scan of the neck showed a lengthening of both styloid apophyses, 5 cm on the left side and 7 cm on the right (Fig. 1). The patient

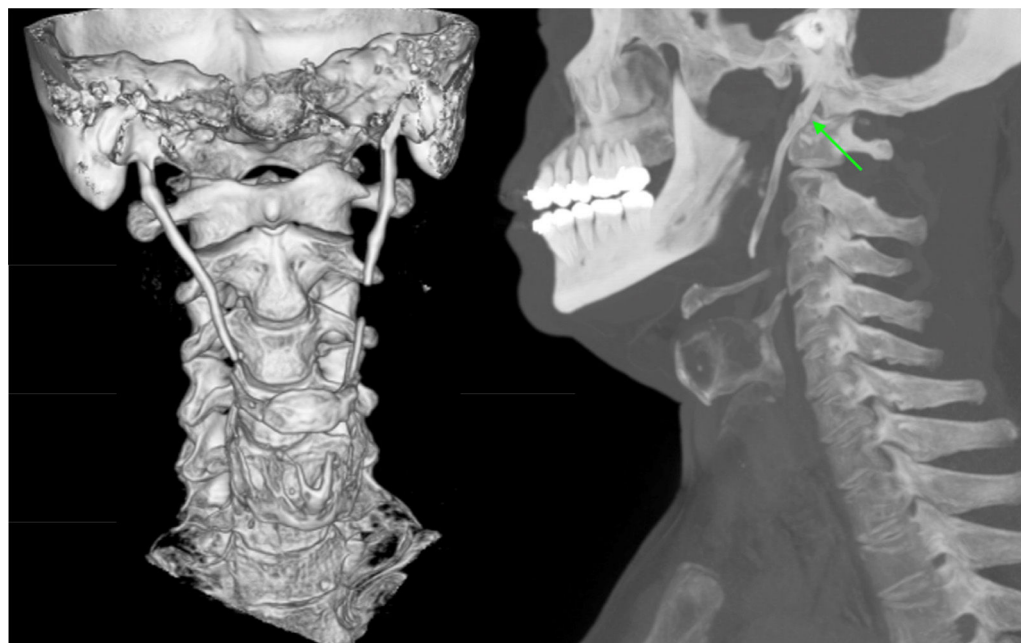


Figure 1 CT image of elongation of both styloid apophyses.

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* Corresponding author. Ctra. Gral. del Rosario N.º 145, C.P. 38010 Santa Cruz de Tenerife, Spain. Tel.: +22602073.
E-mail address: benetsergio@gmail.com (S. Benet-Muñoz).

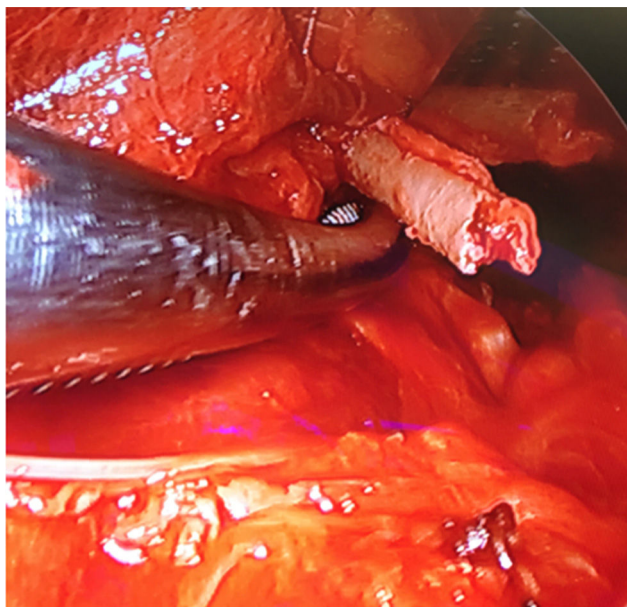


Figure 2 Endoscopic image during the surgery.

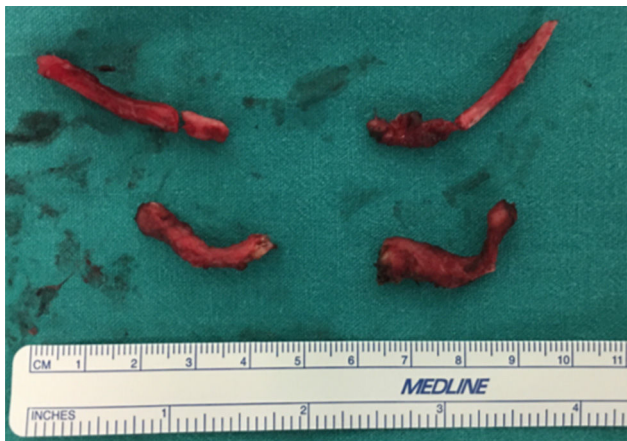


Figure 3 Resection of both styloid apophyses (upper part of the image) and both horns of the hyoid bone (lower part of the image).

was diagnosed with Eagle syndrome. Given the disease progression and the patient's clinical progression, we decided to resect both styloid apophyses and posterior hyoid horns (Figs. 2 and 3). The patient had satisfactory postoperative progression.

Eagle syndrome, first described in 1937, is an entity with characteristic symptomatology caused by the elongation of the styloid apophyses. There is a 3.3% prevalence of elongations of the styloid apophyses, and 4% of those cases may present with symptoms.^{1,2} In Eagle syndrome, said elongations can be accompanied with pharyngeal pain, oropharyngeal dysphagia, the sensation of a foreign body, orofacial pain, and ATM dysfunction and/or carotidynia.^{1,2} Conventional radiologic studies can reveal the elongation of the styloid apophyses, but computed tomography provides a better description of the anatomic structures and improved preoperative planning.^{1,3} Treatment of this entity depends on the patient's symptoms, and the treatment of choice is resection of the styloid apophyses.¹

Ethical disclosures

Protection of human and animal subjects. The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflict of interest

The authors declare that there is no conflict of interest.

References

1. Mareque-Bueno J, Hernández-Alfaro F, Biosca-de Tejada MJ, et al. Abordaje Intraoral en el síndrome de Eagle. Presentación de un caso clínico. *Rev Esp Cir Oral Maxilofac.* 2011;33: 157-61.
2. Nazar SR, Naser GA, Fullá OJ, et al. Síndrome de Eagle en Otorrinolaringología. *Rev Hosp Clín Univ Chile.* 2008;19: 156-61.
3. Hernández JL, Rodríguez-Sánchez R, de Serdio-Arias JL. Autoarancamiento de apófisis estiloides en síndrome de Eagle. *Acta Otorrinolaringol Esp.* 2014;65:322-3.