CLINICAL IMAGE IN GASTROENTEROLOGY

Eagle syndrome as an uncommon cause of dysphagia

Síndrome de Eagle como causa infrecuente de disfagia


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.


* 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).

2255-534X/© 2017 Asociación Mexicana de Gastroenterología. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-NDB license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{1,3} Treatment of this entity depends on the patient’s symptoms, and the treatment of choice is resection of the styloid apophyses.\textsuperscript{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**