 IMAGES IN OTORHINOLARYNGOLOGY

Styloid Process Auto-Avulsion in Eagle’s Syndrome

Autoarrancamiento de apófisis estiloides en síndrome de Eagle

Jorge Luis Hernández,∗ Rafael Rodríguez Sánchez, José L. de Serdío Arias

Servicio de Otorrinolaringología, Hospital Universitario Nuestra Señora de la Candelaria, Santa Cruz de Tenerife, Spain

We present the case of a 59-year-old male. Relevant personal antecedents include depressive affective disorder under treatment with anxiolytics and antidepressants. He came to consultation because of referred pain to the left ear and foreign body sensation at the level of the soft palate that had lasted several months. The patient associated this with an episode of a fish bone that had got stuck years ago, reporting the extraction of the bone. He provided us with this foreign body, which was an osseous fragment 0.5 cm thick and 2.5 cm long (Fig. 1).

Figure 1

Figure 2


∗ Corresponding author.
E-mail address: jlh902@hotmail.com (J. Luis Hernández).

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Examination revealed an ulcerated lesion in the soft palate, erythema and swelling of that zone and inflammatory adenopathies at left cervical level II. The rest of the examination was normal (Fig. 2).

The clinical indication was auto-avulsion of calcified stylohyoid ligament. Cervical CAT scan was consequently performed, confirming the findings and revealing the absence of the ligament. A thickening/inflammation of the styloid process could be seen, with morphology of distal pseudo-segmentation, presence of secondary emphysema in the parapharyngeal space and signs of inflammation in the lateral oropharyngeal wall, as well as elongation of the contralateral styloid (Fig. 3). Intravenous antibiotic treatment brought about satisfactory evolution and the patient was later discharged for out-patient monitoring.

Eagle’s syndrome is caused by the calcification and elongation of the styloid process and the ligaments that insert there, but the clinical presentation described here is rare.