

Eagle syndrome diagnosed in routine consultation: a case report

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Abstract: Not applied.

Keywords: Eagle syndrome; Oral surgery; Panoramic radiographic.

Citation: Lima AR. Eagle syndrome diagnosed in routine consultation: a case report. *Brazilian Journal of Dentistry and Oral Radiology*. 2022 Jan-Dec;1: bjd8.

doi: <https://doi.org/10.52600/2965-8837.bjdor.2022.1.bjd8>

Received: 19 April 2022

Accepted: 22 May 2022

Published: 1 June 2022



Figure 1: Radiographic appearance of bilateral stylohyoid ligament calcification.



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In this panoramic radiographic clinical image (Figure 1), we present the case of an 18-year-old male patient with normosystemic health, who visited the dental office due to recurrent spontaneous pain in the left ear and left submandibular region. The pain intensified with prolonged mouth opening or while chewing on solid foods. Temporomandibular joint disorders were ruled out, and subsequently, the third molars were extracted. The radiographic examination revealed bilateral elongation of the styloid process, consistent with Eagle syndrome, which could potentially explain the patient's symptoms. Eagle syndrome is characterized by elongation of the styloid process or calcification of the stylohyoid ligament, leading to orofacial pain, dysphagia, or other symptoms due to compression of adjacent structures [1, 2].

The elongated styloid processes were observed bilaterally, extending beyond the normal range, and were identified as the likely source of the patient's discomfort. The proximity of the elongated styloid processes to surrounding anatomical structures, such as nerves and muscles, can result in referred pain, particularly in the ear and submandibular region, as described by the patient [3]. Given the radiographic findings and clinical presentation, the patient was referred to the specialized services of an oral and maxillofa-

cial specialist for further evaluation and management. Treatment options for Eagle syndrome may include conservative measures such as pain management, physical therapy, or surgical intervention to re-move the elongated styloid processes.

The identification of Eagle syndrome underscores the importance of comprehensive radiographic assessment in patients presenting with orofacial pain. Early diagnosis and appropriate referral to specialists can significantly improve patient out-comes and alleviate symptoms associated with this uncommon but potentially debilitating condition. In conclusion, the panoramic radiographic image highlights the diagnostic value of radiography in identifying anatomical abnormalities associated with orofacial pain. The detection of bilateral styloid process elongation in this young male patient with recurrent pain led to the diagnosis of Eagle syndrome, emphasizing the significance of interdisciplinary collaboration in the field of oral and maxillofacial surgery.

Funding: None.

Research Ethics Committee Approval: None.

Acknowledgments: None.

Conflicts of Interest: None.

Supplementary Materials: None.

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