
DISCLOSURES

Firm believer in carotid endarterectomy

INTRODUCTION

1) Eagle syndrome is a rare clinical condition that present with a multitude of symptoms.
2) These symptoms are associate with an abnormal Styloid Process (>2.5cm)
3) First described by W.W. Eagle in 1937
4) Two clinical presentations
   a) Classical
   b) Stylocarotid Syndrome

ANATOMY

The Stylohyoid Complex

a) Hyoid Bone
b) Styloid Ligament
c) Styloid Process

The development of the stylohyoid complex evolves from the Reichert’s cartilage of the second branchial arch.

ANATOMY /EPIDEMIOLOGY /AETIOLOGY

1) Retained embryologic cartilage tissue from Reichert’s cartilage
2) Trauma leading to reactive hyperplasia/metaplasia
3) Calcium, phosphorous and vitamin D metabolism disorders.
CLINICAL PRESENTATION

CLASSICAL EAGLE SYNDROME
- otalgia
- dysphagia
- tinnitus
- unilateral facial neck pain
- foreign body sensation in the pharynx
- Persistent dull achng sore throat

STYLOCAROTID SYNDROME
- Carotid dissection
- TIA
- Stroke
- Periorbital region pain
- Cluster headache

Four times as likely to develop CAD

DIAGNOSIS
- Physical exam
- Plain x-ray (lateral view)
- Duplex scan + TCD
- CT scan (gold standard)
- MRI
- Transoral US
- Bone scintigraphy

CASE PRESENTATION
- Patient: SC Hosp no V585617
- DOB: 30/03/1961
- PMH: unremarkable
- PC: 3 years history of left side arm weakness and dizziness after 2 min of keeping the neck rotated to the right.
- Referred for a third opinion on 23/5/16
CONCLUSION

• Uncommon entity in vascular surgery but well known in the ENT and oral surgery literature.
• The diagnosis of Stylocarotid syndrome requires knowledge of the existence of such entity and its pathogenesis.
• ICA dissection/TIA and Stroke risks
• Stent fracture risk in CAS ???
• No treatment guidelines: surgery should be decided on individual basis.
• Surgical shortening of the elongated process +/- carotid reconstruction is the preferred approach.