

Clinical Image

Temporomandibular Joint Pain Radiating to Neck Leading to Eagle's Syndrome

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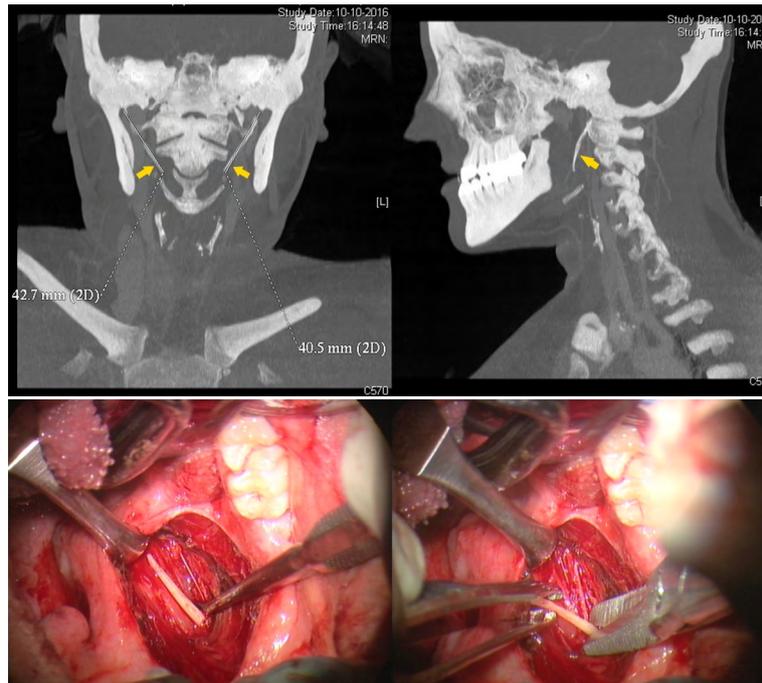


Figure 1: A computed tomography showed elongation of the styloid processes: 42.7 mm long on the right side and 40.5 mm on the left side.
Figure 2: Eagle's syndrome was diagnosed and patient underwent transoral surgical approach to remove both styloid processes.

Keywords: Eagle's syndrome; Styloid process; Tomography; Surgery; Intra-oral

Medical Image

A 20-year-old female with unremarkable medical history reported a 6 month history of intermittent temporomandibular joint pain radiating to neck. Especially upon swallowing and yawning. Physical examination revealed normal temporomandibular joint, however during palpation of the tonsillar fossa, an exacerbation of the pain was noted. A computed tomography showed elongation of the styloid processes: 42.7 mm long on the right side and 40.5 mm on the left side (Figure 1). Eagle's syndrome was diagnosed and patient underwent transoral surgical approach to remove both styloid processes (Figure 2) with clinical regression of the symptoms.

Eagle's syndrome is a rare disease characterized by the symptomatic elongation of the styloid process or calcification of the stylohyoid ligament. It is an unusual cause of head and neck pain. It can be confused with maxillofacial disorders but with appropriate clinical history, degree of suspicion and radiologic confirmation, Eagle's syndrome can easily be identified and treated. Surgical treatment is highly effective.

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Citation: Ferraria L, Castro J, Antunes L (2017) Temporomandibular Joint Pain Radiating to Neck Leading to Eagle's Syndrome. *Int J Clin Med Imaging* 4: 545. doi:10.4172/2376-0249.1000545

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