Eagle Syndrome: An Uncommon Disease that We Must be Aware of!

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Disclosure

- Nothing to disclose
- No relevant financial relationship(s) with any commercial interest that pertains to the content of this presentation





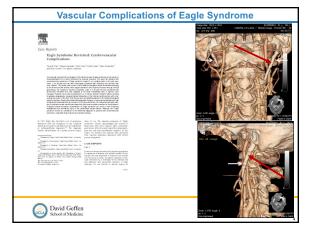
Eagle Syndrome

- Eagle syndrome (also known as stylohyoid syndrome) is rare (0.16% of population)
- Due to an elongated styloid process or a calcified stylohyoid ligament
- Causes pain in the face and neck with movement
 - •Can also cause pulsatile tinnitus
- Pain is due to compression of the trigeminal and/or glossopharyngeal nerves
- Occasionally causes carotid artery compression or kinking















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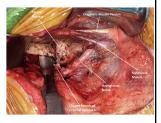
Treatment Strategies

- Most Eagles patients treated by head and neck surgeons
 - Goal is to shorten the styloid process by styloidectomy.
 - · Intraoral (transoral)
 - · The surgeon accesses the styloid process through the mouth
 - · Extraoral (transcervical)
 - \bullet The surgeon accesses the styloid process through a neck incision, similar to CEA
- Vascular surgeons get involved when there is deformity or compression of the carotid artery
 - $\bullet \, \text{Rarely is carotid occluded, but careful dissection is required} \\$
 - $\bullet \ \ \text{Goal is to remove bone and unkink carotid without entering the artery!}$
 - Remember this is neck pain, not TIA or atherosclerosis



Surgical Approach

- Think CEA
 - Proximal and distal control of CCA, ICA, ECA
 - Avoid critical nerves
 - Hypoglossal, recurrent laryngeal, glossophayngeal
- Anticipate carotid kinking during dissection
- Repair arterial injuries after isolating with tapes and anticoagulation







- If asked to be involved due to vascular compression or kinking:
 - ·Get great imaging
 - ·a. CTA
 - ∙b. Angio
 - ·Only use a neck incision
 - ·Anticipate a kinked carotid artery
 - •Avoid injury to glossopharyngeal, facial, recurrent laryngeal, or trigeminal nerves
 - Only repair artery if inadvertent arterial injury



