

# Sindrome di Eagle

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Lunghezza ed inclinazione processi stiloidei

Strutture vascolari del collo

Compressione carotide, giugulare, vago

Posizioni del capo e radiologia

Conflitto osteovascolare che non viene diagnosticato in posizione statica

Navigazione chirurgica endoscopia

- Rara situazione clinica determinata da un allungamento maggiore di 3 cm oppure da una inclinazione del **processo stiloideo del temporale** con/senza ossificazione del **legamento stiloioideo**
- Patologia subdola e spessissimo misconosciuta che rientra nelle diagnosi differenziali dei **dolori cronici facciali**

# Sindrome di Eagle

anatomia

## Anatomia

- lunghezza ( $> 30\text{mm}$ )
- orientamento (deviazione mediale)



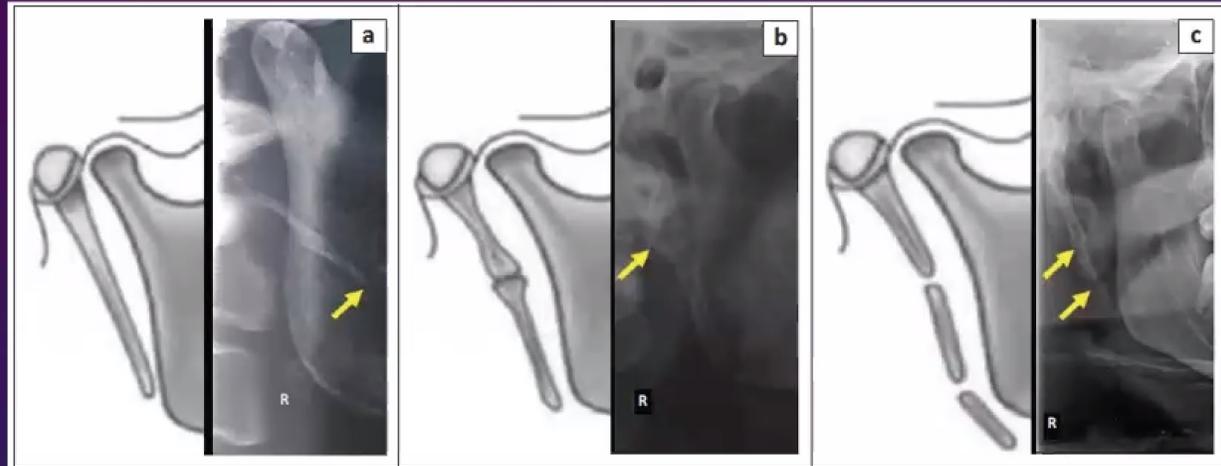
# Sindrome di Eagle

Classificazione di Lainglais in base all'imaging in rx OPT.

Di scarsa utilità al giorno d'oggi se non per porre attenzione alla sindrome che, per essere confermata necessita di approfondimenti diagnostici.

In ogni caso di dolore facciale cronico un simile reperto, in presenza di significativi segni e sintomi clinici merita l'approfondimento

## OPG VIEW



Sources: Adapted from Lainglais RP, Miles DA, Van Dis ML. Elongated and mineralized stylohyoid ligament complex: A proposed classification and report of a case of Eagle's syndrome. Oral Surg Oral Med Oral Pathol. 1986;61:527-532. [https://doi.org/10.1016/0030-4220\(86\)90400-7](https://doi.org/10.1016/0030-4220(86)90400-7)

FIGURE 2: Radiographic classification system of styloid elongation (a) Type I (b) Type II (c) Type III, according to Lainglais et al.<sup>8</sup>

“Lainglais score” includes 3 possible abnormal radiographic patterns:

- Type I (Uninterrupted): an uninterrupted and radiographically elongated SP (> 30 mm).
- Type II (Pseudo-articulated): formed by two mineralized segments joined by a pseudo-articulation.
- Type III (Segmented): consisting of two or more non-continuous segments.

# Sindrome di Eagle



- Circa il 4% della popolazione generale presenta un'apofisi stiloide allungata.
- Di questi solo il 4-10% presenta sintomi

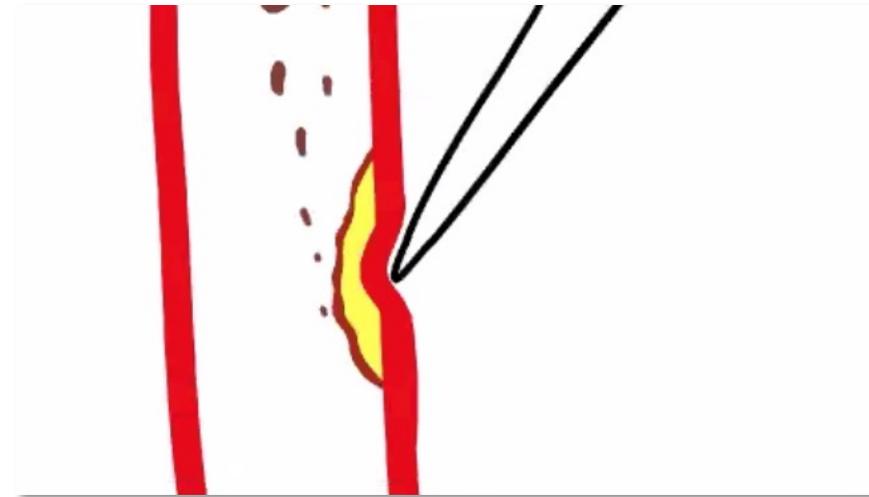
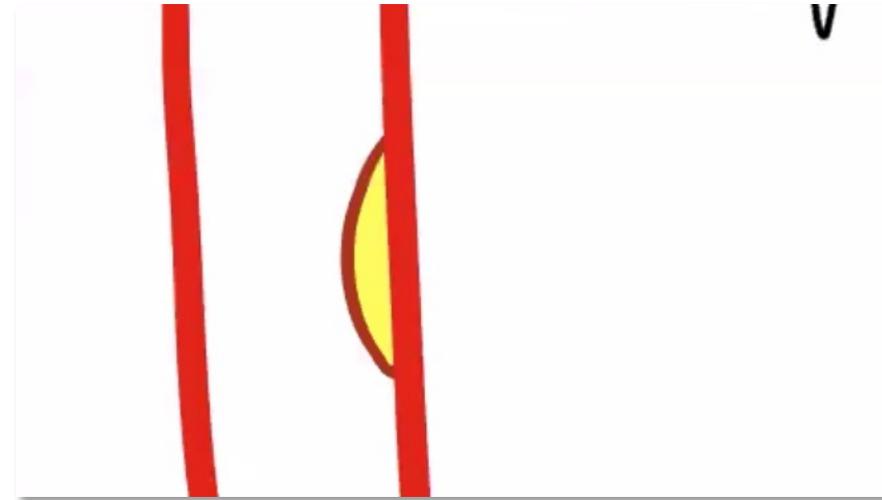
## Sindrome di Eagle

E' una patologia che richiede sempre una attenta diagnosi differenziale

The differential diagnosis of unerupted molars, TMD, inner ear problems, essential neuralgias, chronic tonsillopharyngitis, hyoid bursitis, Sluder's syndrome, cluster headache, migraine-type headache, esophageal diverticula, temporal arteritis, cervical vertebral arthritis, or neoplasm should be included whenever an elongated styloid process is associated with orofacial or cervical pain in order to exclude other concomitant conditions.<sup>31,34-36</sup> Clinicians should also consider locomotor system disorders, such as myofascial pain syndrome and fibromyalgia syndrome.<sup>37</sup> The existence of an elongated styloid process

## Sindrome di Eagle

La sottostima è dovuta al fatto che le immagini sono ottenute in statica con il capo in posizione neutra, mentre andrebbero sempre rilevate con la testa girata e/o piegata



# Sindrome di Eagle

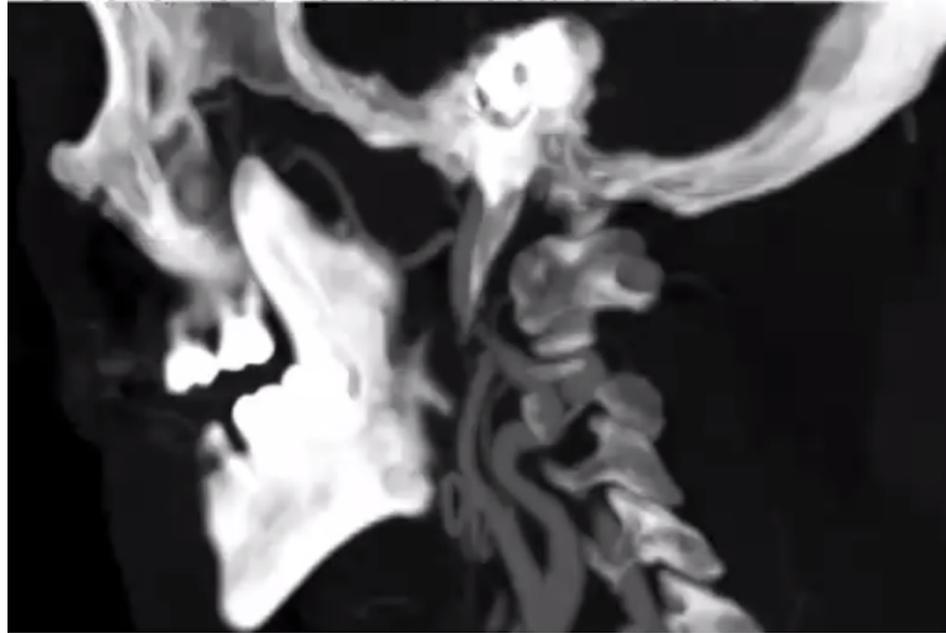
Compressione della giugulare interna e  
forma vascolare venosa



# Sindrome di Eagle

Sindrome stilo-carotidea bilaterale

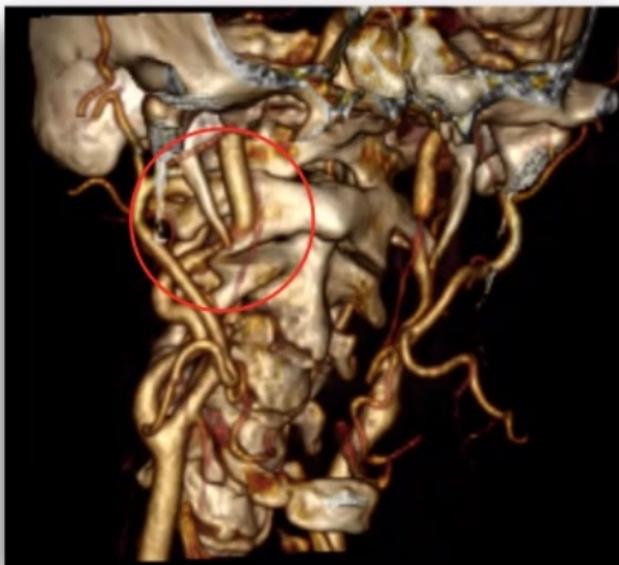
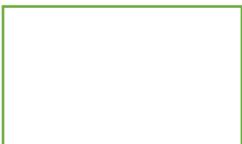
Angio TC



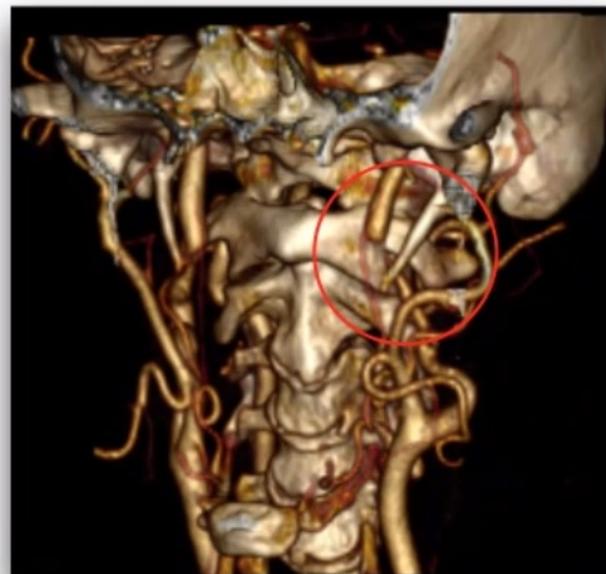
**Processo stiloideo destro**



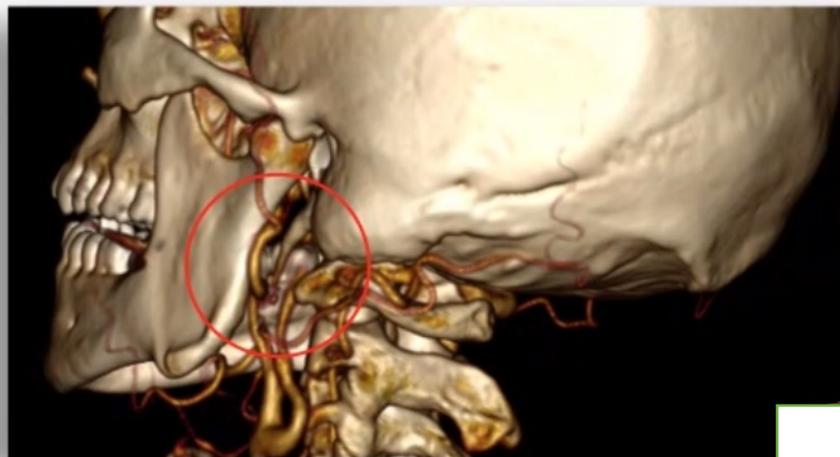
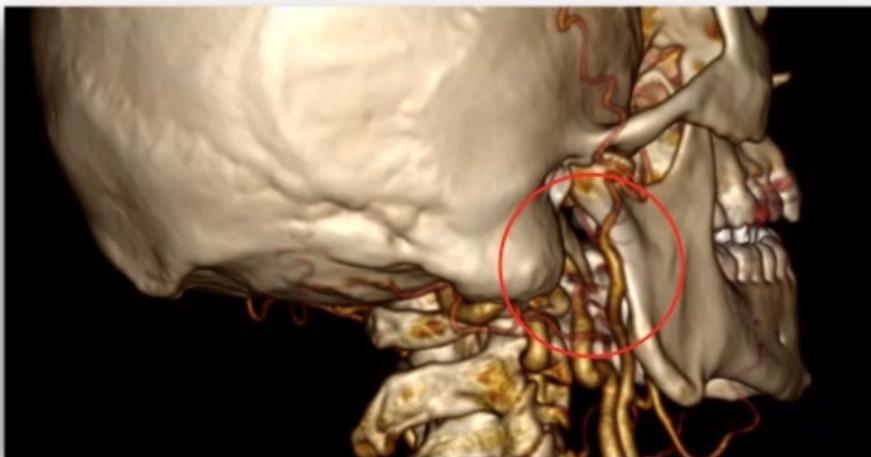
**Processo stiloideo sinistro**



**Processo stiloideo destro**



**Processo stiloideo sinistro**



# Sindrome di Eagle: sintomatologia

Zamboni et al. *BMC Neurology* (2019) 19:333  
<https://doi.org/10.1186/s12883-019-1572-3>

BMC Neurology

RESEARCH ARTICLE

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## The eagle jugular syndrome



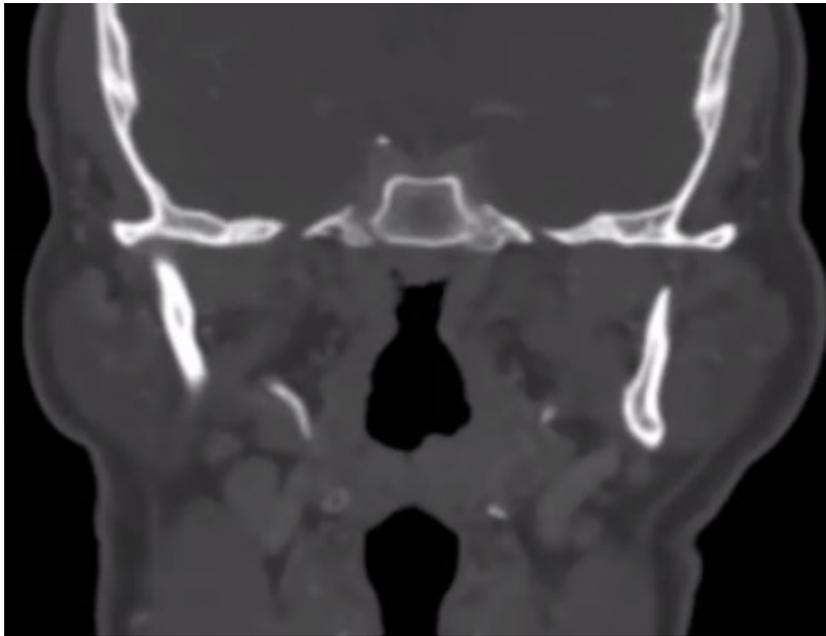
Paolo Zamboni<sup>1</sup>, Alba Scerrati<sup>2\*</sup> , Erica Menegatti<sup>1</sup>, Roberto Galeotti<sup>3</sup>, Marcello Lapparelli<sup>2</sup>, Luca Traina<sup>4</sup>, Mirko Tessari<sup>1</sup>, Andrea Ciorba<sup>5</sup>, Pasquale De Bonis<sup>2</sup> and Stefano Pelucchi<sup>5</sup>



| SYMPTOMS AND ASSOCIATED COMORBIDITIES | CLASSIC SYNDROME | CAROTID VARIANT | JUGULAR VARIANT | RR<br>95% CI       | P.    |
|---------------------------------------|------------------|-----------------|-----------------|--------------------|-------|
| History of tonsillectomy              | 1/14             | 1/1             | 0/8             | N/A                | .43   |
| Odynophagia                           | 1/14             | 0/1             | 1/8             | 0.53<br>0.03–7.44  | .58   |
| Dysphagia                             | 4/14             | 0/1             | 0/8             | N/A                | .15   |
| Ipsilateral pain (present/absent)     | 11/14            | 1/1             | 0/8             | N/A                | .0003 |
| Stabbing pain                         | 4/14             | 1/1             | 1/8             | 2.67<br>0.37–19.09 | .29   |
| Periorbital pain extension            | 0/14             | 0/1             | 1/8             | N/A                | .35   |
| Pain at contralateral head rotation   | 0/14             | 1/1             | 0/8             | N/A                | .65   |
| Dizziness                             | 1/14             | 1/1             | 3/8             | 0.35<br>0.07–1.71  | .21   |
| Otalgia                               | 3/14             | 0/1             | 0/8             | N/A                | .24   |
| Ipsilateral facial edema              | 0/14             | 0/1             | 1/8             | N/A                | .35   |
| Numbness                              | 0/14             | 0/1             | 3/8             | N/A                | .03   |
| Headache                              | 0/14             | 1/1             | 5/8             | 0.11<br>0.01–0.76  | .009  |
| TIA/Stroke                            | 0/14             | 1/1             | 0/8             | N/A                | .65   |
| Perimesencephalic hemorrhage          | 0/14             | 0/1             | 6/8             | N/A                | .0003 |
| Multiple sclerosis                    | 0/14             | 0/1             | 2/8             | N/A                | .011  |
| Dilated ventricles-CSF spaces         | 0/14             | 0/1             | 2/8             | N/A                | .011  |

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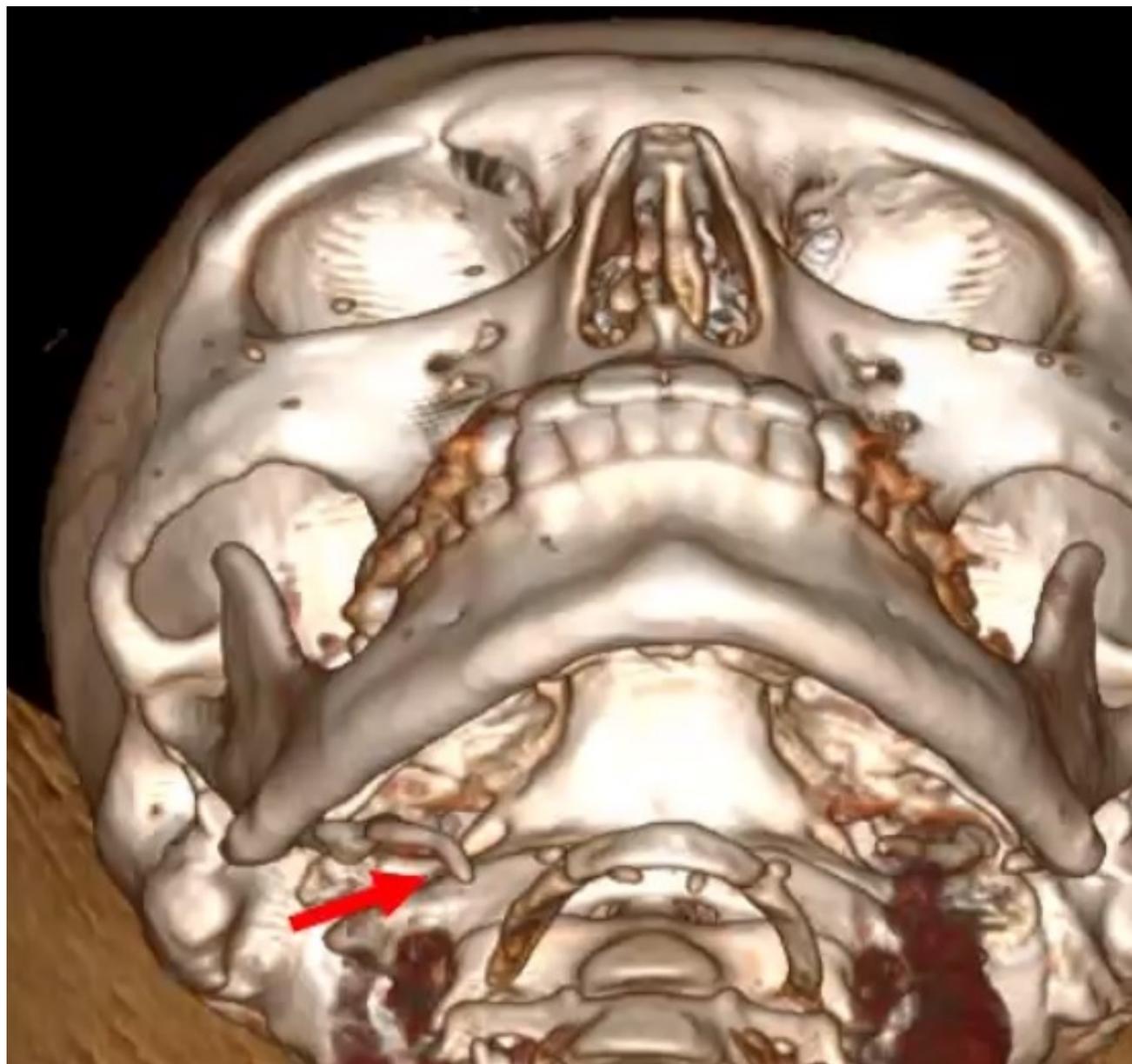
Sintomatologia ed epidemiologia



- Dolore facciale
- Disfagia
- Sensazione di corpo estraneo in gola
- Colpisce in particolare donne di età maggiore di 30 aa

# Sindrome di Eagle

Inclinazione mediale  
dell'apofisi



# Sindrome di Eagle

Fisioterapia

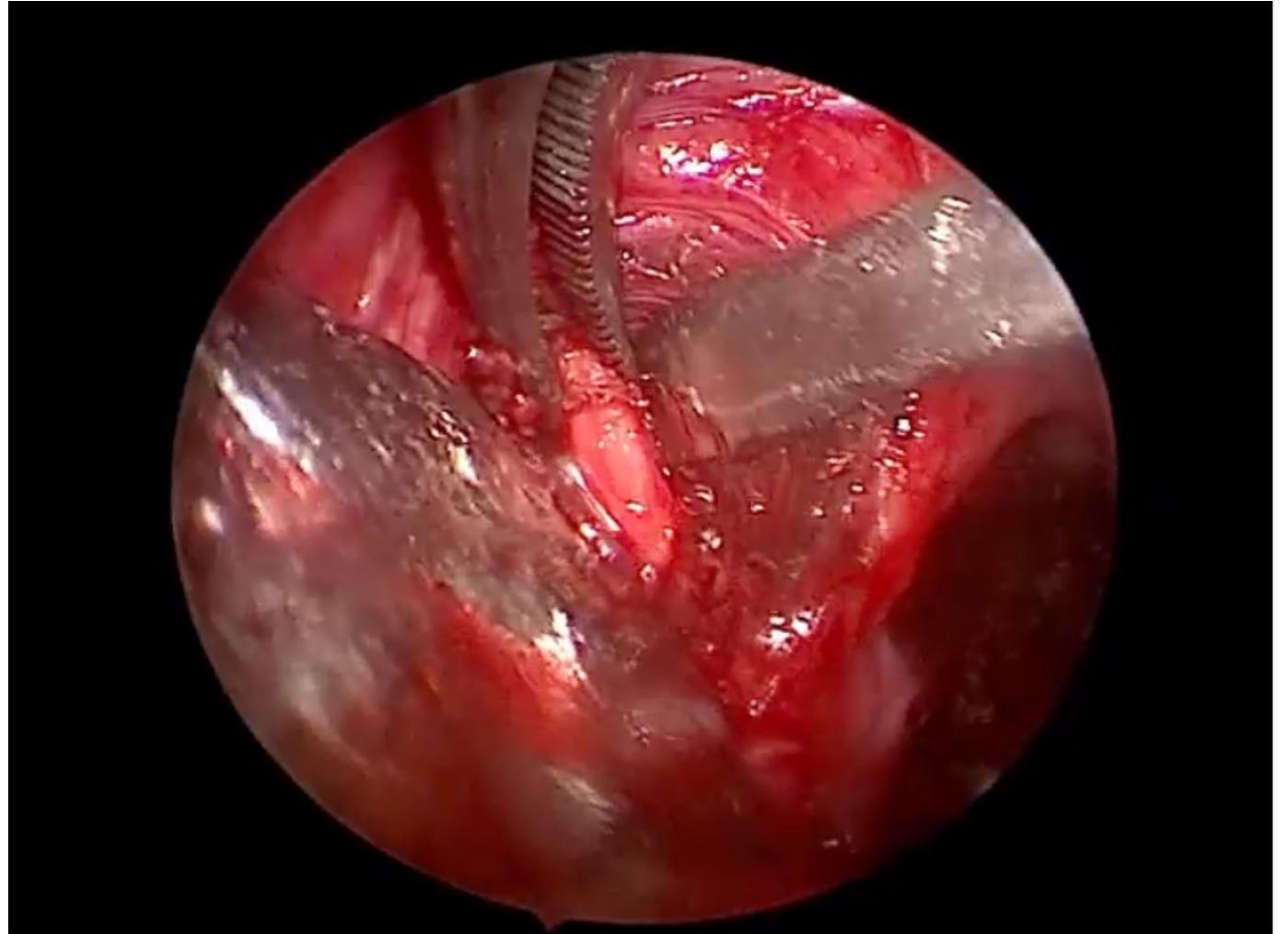
Terapia medica con steroidei,  
antiaggraganti, FANS

Terapia chirurgica di rimozione  
dell'apofisi per via transcervicale  
(forme vascolari) o transorale  
(forme neuropatiche)



Sindrome di Eagle

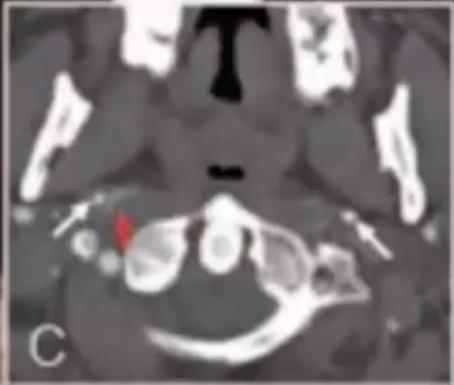
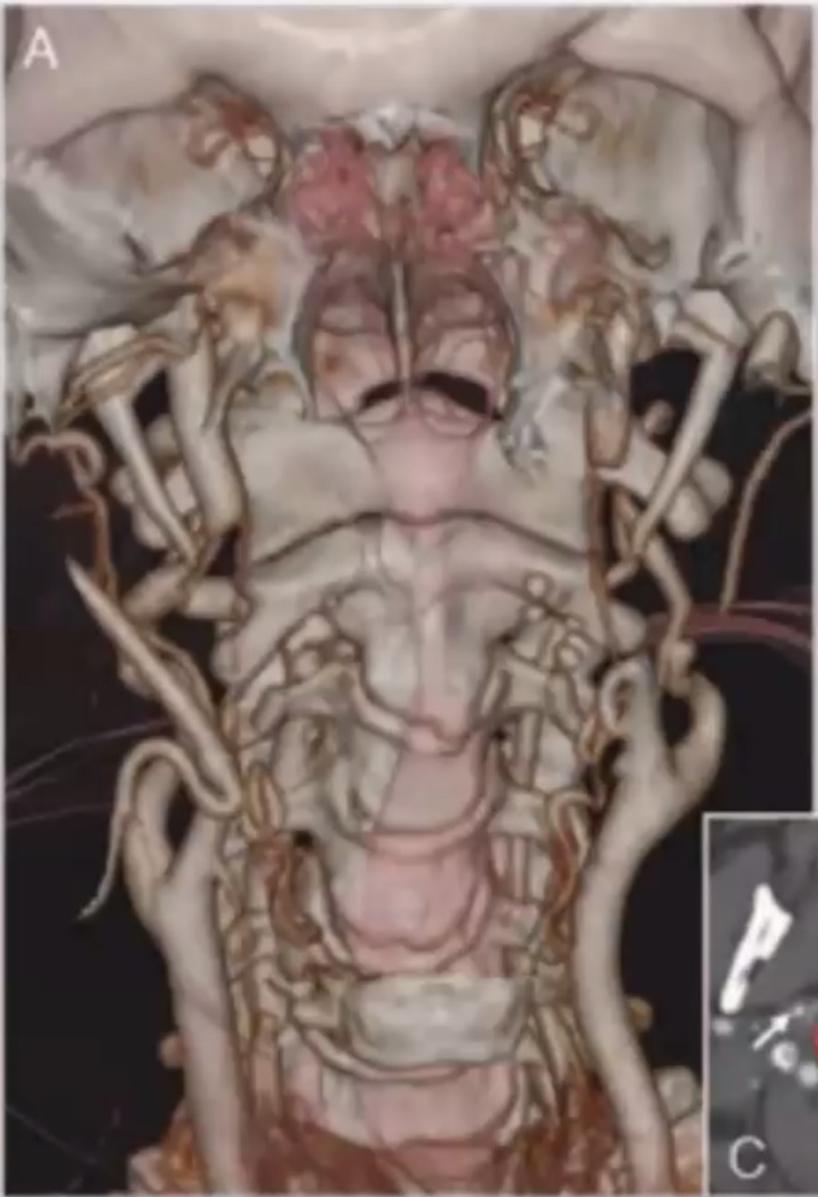
Trattamento per via  
endoscopica intraorale



# Sindrome di Eagle

diagnostica

- OPT
- TC/ANGIO-TC
- MRI
- ECOCOLOR DOPPLER
- ECOGRAFIA TRANSORALE
- ECOGRAFIA INTRAVASALE



Angio-TC arteriosa

