Neck pain revealing an Eagle syndrome. A case report

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Eagle syndrome also called elongation of the styloid process is a clinical entity characterized by radio-ossification of the stylohyoid ligament which may manifest clinical signs related to the compression of neurovascular structures in the vicinity. This is a common cause of neck pain and craniofacial pain. The objective of this work is to report on this radio-clinical entity through a case and review of the literature.

Results.– Five patients underwent a three-month program to improve their posture or accentuation of lordosis; infiltration of corticosteroids may be administered to patients with clinical signs related to the compression of neurovascular structures in the vicinity. This entity quite common but little known, poses a problem of differential diagnosis of many Otolaryngology and maxillofacial diseases. The careful clinical and radiological analysis can suggest the diagnosis.

Discussion.– Eagle syndrome is semiological characterized by a great variability, making it impossible to identify a characteristic clinical picture. The standard radiological examination usually confirms the diagnosis suspected clinically. MRI, with its multi-planar cuts, is essentially an examination of choice when the neurovascular conflict is existing. The treatment is surgical by resection of the process and the release of calcified structures neurovascular compression. Infiltration of corticosteroids may be administered to patients clinically little embarrassed or refuse the transaction. Rehabilitation is an indisputable complement in both treatment arms.

Conclusion.– This entity quite common but little known, poses a problem of differential diagnosis of many Otolaryngology and maxillofacial diseases. The careful clinical and radiological analysis can suggest the diagnosis.

Further reading


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Radiological evolution of the lumbar lordosis of 78 patients with progressive lumbar or thoracolumbar scoliosis, with a 25-year follow-up in adulthood

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Keywords: Progressive scoliosis; Degenerative scoliosis; Lumbar lordosis

Objectives.– The evolution of the frontal Cobb angle in adult with progressive scoliosis is known. Study of the natural history and radiological evolution of lumbar lordosis in adult patients with lumbar or thoracolumbar scoliosis. Research of factors affecting the sagittal lumbar evolution.

Patients, materials and methods.– Seventy-eight patients. Mean follow-up for 25 years. Mean age at onset of follow-up = 40 years and mean age at end of follow-up = 65 years, 96% of women.

Exclusion criteria.– Thoracic scoliosis, symptomatic scoliosis, neurological scoliosis, campocormy, lumbar spinal stenosis, spinal surgery. Adult idiopathic scoliosis (35%), degenerative scoliosis (65%) with de novo (13%).

Topography: lumbar (76%), thoracolumbar (19%), lumbar and thoracolumbar (5%).

Follow with standing frontal and profil full-spine X-ray for a period exceeding 10 years. Analysis of 702 radiographs (average of 9 per patients).

Results.– Three modes of evolution:

– Fifty-two percent of situations: increasing scoliosis (frontal Cobb) and lumbar lordosis decreases. For some patients, there is a precise concordance between the increase of frontal Cobb and decrease of lumbar lordosis; – Thirty-eight percent increase scoliosis and lordosis remains stable; – Twenty percent of situations: increasing scoliosis and lordosis increases.

Discussion.– The lumbar lordosis in the scoliosis evolution in adulthood appears under the influence of:

– The localization of the scoliosis and the topography of the summit: the lower lumbar scoliosis (apex below L2) have a disease characterized by a progressive loss of lordosis (with a correlation r = –0,64, P < 0,001 between frontal Cobb and lumbar lordosis). Thoracolumbar and higher lumbar lordosis are associated with stability or accentuation of lordosis; – The state anatomical lumbar disc and particularly L5/S1: the degenerative promote loss of lumbar lordosis (especially observed in degenerative scoliosis). Lumbar sagittal situation is taken into account in the analysis of the evolution of scoliosis: mechanical stress, pain, therapeutic strategy.

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