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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**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.

**Observation.**– He is a 37-year-old patient who consults for left neck pain evolving for nine months, more frequent and intense, exacerbated during hyperextension of the head and jongs. He also complained of sore throat during mastication. Clinical examination showed a bilateral filling dimples tonsillaires and palpation of the styloid processes reproduced the pain. Radiological assessment with a panoramic radiograph and CT of the neck confirmed the diagnosis of Eagle syndrome. The patient refused to be operated. An infiltration was performed followed by rehabilitation and postural with partial resolution of symptomatology but satisfactory.

**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.

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