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IMAGES IN OTORHINOLARYNGOLOGY

Stylohyoid syndrome

Síndrome estilohioidal

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Stylohyoid complex syndrome is caused by an incomplete involution of the 2nd branchial arch derivatives: styloid process, stylohyoid ligaments, and lesser horns of the hyoid bone.

The purpose of this article is to present a case of this syndrome, which is less common and has a different treatment than stylalgia.

A 76-year-old female patient who presented pharyngeal paresthesias related to head movements and right odynodysphagia with several years of evolution. Cervical palpation evidenced a non-painful indurated right laterocervical cord. The remaining ENT examination was normal. Maxillofacial and cervical computed tomography (CT) confirmed the existence of a right elongated styloid

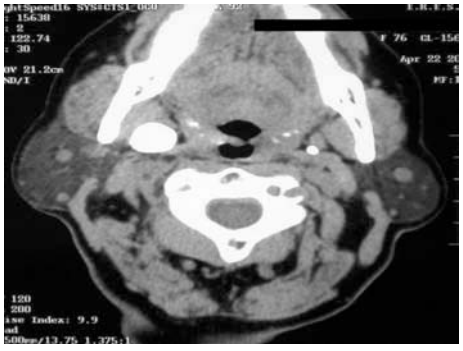

Figure 1 Axial cut of computed tomography scan showing an asymmetry of the right stylohyoid apparatus (with larger diameter) with respect to the left.

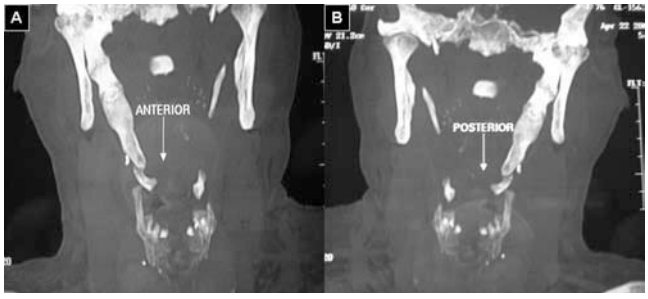

Figure 2 A and B. Coronal cut of computed tomography scan (anterior and posterior views), showing the ossification of the right stylohyoid ligaments.

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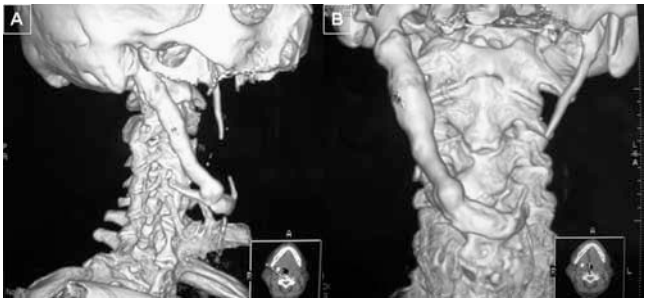

Figure 3 A and B. 3D reconstruction of computed tomography scan images.

process with calcification of the stylohyoid ligaments. The diagnosis is stylohyoid syndrome.

Stylohyoid syndrome presents symptoms similar to stylalgia but they are more varied, due to the irritation of adjacent structures, such as cranial nerves V, IX, and X, and the carotid vessels. It may be manifested as unilateral neuralgia in the laterocervical and cephalic region, unilateral odynophagia, dysphagia, transient dizziness, alterations of consciousness upon forcing certain positions of the head and neck and even tinnitus. It should therefore be included in the differential diagnosis of patients who present pharyngeal and facial paresthesias.

Simple lateral skull radiographs and maxillofacial and cervical CT scans (Figures 1, 2A-B, and 3A-B) are diagnostic.

The only effective treatment is surgical resection (via transoral or external approach), which makes the symptoms diminish or disappear.

Conflict of interests

The authors declare no conflict of interests.