

Images of the month 1: Recurrent ischaemic stroke secondary to Eagle syndrome

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ABSTRACT

We present a case of a man who experienced recurrent ischaemic stroke secondary to an elongated styloid process compressing the cervical carotid artery.

KEYWORDS: stroke, Eagle syndrome

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cerebral hemisphere. Physical examination was normal at admission. Laboratory results, long-term electrocardiography and echocardiography were within normal limits. Computed tomography angiography (Fig 1a–d) revealed elongated left styloid process causing compression of the left internal carotid artery. The patient underwent operative styloid process excision under general anaesthesia (Fig 1e). During 2 years of follow-up, he did not suffer from any new ischaemic attack.

Case presentation

A 43-year-old man presenting with transient right limb weakness was sent to the emergency department. He had a history of recurrent episodes of ischaemic stroke in the left

Discussion

Eagle syndrome (ES) or long styloid process is often defined as a styloid process longer than 3 cm for symptomatic patients.¹

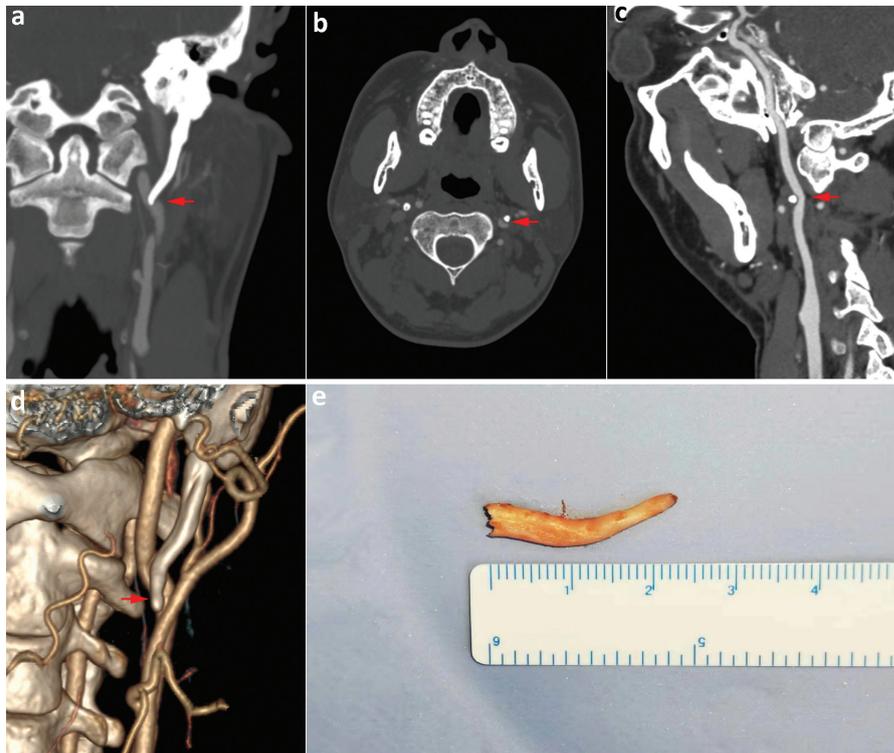


Fig 1. a–d) Computed tomography angiography showing an elongated on left styloid process causing compression of left internal carotid artery extracranially. e) The excised left styloid process.

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Stylo-carotid syndrome is a rare vascular type of ES. Due to the elongated styloid process impinging on the internal or external carotid artery, patients could present with ischaemic attack.² 3D computed tomography is a useful method to identify the anatomic relationship between the styloid process and adjacent vascular structures.³ The management of ES is divided into conservative methods of medical treatment and surgical management. Surgical resection of the overgrown styloid process could be the more definitive treatment and lead to long-lasting symptom relief.⁴ ■

References

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