



In reply to: “Dynamic imaging in suspected eagle syndrome”

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Received: 9 October 2019 / Accepted: 16 October 2019 / Published online: 1 November 2019
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Dear Editor,

First, thank you for giving us the opportunity to respond. Pain is one of the most common symptoms in Eagle Syndrome (ES). This pain may indicate or spread to the ear, jaw and may occur as otalgia or temporomandibular joint pain. Pharyngeal symptoms are also commonly reported in cases of ES. These complaints range from dysphagia/odynophagia, foreign body sensation, pain with yawning, or pain with turning of the head [1]. In addition to pain, various neurological complaints may be associated with ES [2]. Eagle syndrome has also been associated with potentially catastrophic complications. The literature contains many reports of transient ischemic attacks and stroke being associated with ES.

The wide range of clinical symptoms of ES makes it difficult to diagnose. The diagnosis of ES is clinical and made by combining symptoms, physical examination, and radiologic evidence. Computed tomography (CT) scans represent the gold standard for diagnosis of an elongated styloid process [3, 4]. In our study, we used 3D-CT images due to the prevalence of CT use and its use as the gold standard. In the diagnosis of ES, the authors suggested that the head and neck region be evaluated with MRI and ultrasonography at different positions of the head: rest position, maximum extension, maximum flexion of the head, maximum right and maximum left rotation. However, since the symptoms of ES are nonspecific and the first pathological condition that

comes to mind from the clinical symptoms is not ES, CT is performed first in these patients. In addition, the cost of MRI and ultrasonography to be taken in different positions and the compliance of patients with these examining should be taken into consideration. We think that it is more useful to evaluate the styloid process with clinical symptoms on 3D-CT images and to apply MRI and ultrasonography if necessary.

Funding This research received no specific grant from any funding agency in the public, commercial, or not for profit sectors.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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This reply refers to the article available at <https://doi.org/10.1007/s00405-019-05678-0>

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