



Navigation and Surgery using Piezoelectrics: A Risk-Free Treatment Option for Difficult Cases of Eagle Syndrome

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DESCRIPTION

Eagle syndrome, also known as the syndrome of the prolonged styloid process of the temporal bone, is a rare condition characterized by an extended styloid process and ossification of stylohyoid ligaments frequently occurring simultaneously. A patient normally reports to a specialist due to unexpected serious torment in his ear, throat, floor of the mouth, and the oral side of the neck or jaw point around the tonsillar fossa. When you swallow, turn your head, or open your mouth, you feel this pain. Drooling, dysphagia, odynophagia, trismus, and the sensation of something in the throat are examples of co-existing symptoms. The onset and duration of pain symptoms range from a few seconds to several minutes. Depending on the type of Eagle Syndrome that is being treated, there may be two different approaches to treatment. Nonsurgical treatment strategies, for example, infusing the tonsillar fossa after the palatal tonsil with nearby sedative specialists and steroids, are utilized in the exemplary sort. Unfortunately, the outcomes are generally unsatisfactory. Two patients as of late came to the centre introducing the previously mentioned side effects of shifting seriousness. All-encompassing radiographs and CBCT uncovered much lengthened styloid processes.

When an elongated styloid process or calcified stylohyoid ligament causes dysphagia, facial pain, recurrent throat pain, or the sensation of a foreign body, as well as associated symptoms like neck or throat pain with radiation to the ear, this condition is known as "stylalgia." It is possible to misunderstand or confuse this condition's symptoms with those of numerous facial neuralgias. The occurrence of Falcon disorder changes among the populace. It usually doesn't cause any symptoms, and adult patients can get it through a physical exam and a radiograph. A 30-year-old man presented to the maxillofacial unit of Sulaim-

aniyah Teaching Hospital with the complaint that for 6 months, he had pain in the right side of his face that prevented him from opening his mouth and caused him to turn his mouth to the right. The stretched styloid cycle of the right side was resected precisely by the intra-oral methodology. The patient was asymptomatic and easily followed up for a long time.

Hawk disorder was first depicted by Falcon in 1937. It mostly causes pain in the orofacial area and is associated with an elongated styloid process and/or calcification of the stylohyoid ligament. Either conservative treatment with physical therapy and medication or surgical removal of the styloid process is options for treating Eagle syndrome. The literature describes two distinct surgical approaches: The transoral and transcervical approaches. Both have drawbacks and particular intraoperative risks. A change of the transcervical approach that adds an additional safety effort to the treatment of mind-boggling instances of Bird condition is introduced in this. The styloid interaction was taken out by consolidating piezoelectric medical procedures, preoperative computerized arranging, and careful route. The patient experienced no complications and quickly recovered from surgery. Two months later, a follow-up visit revealed no Eagle syndrome symptoms on the treated side. As a result, the treatment of complex cases of Eagle syndrome may benefit from additional safety measures provided by digital planning and surgical navigation.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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