



UNIVERSITÀ
DEGLI STUDI
DELL'AQUILA

DIPARTIMENTO DI SCIENZE CLINICHE
APPLICATE E BIOTECNOLOGICHE



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EAGLE SYNDROME AND TRAUMATIC CAROTID ARTERY DISSECTION: A CASE REPORT

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CASO CLINICO: ANAMNESI

- Maschio, di 51 anni
- Ipertensione arteriosa e calcolosi renale
- Lavoro sedentario
- Calchetto settimanale

CASO CLINICO: SINTOMI

- dolore spalla dx, regione occipitale e latero-cervicale dx
- difficoltà nella deglutizione



CASO CLINICO: PS

- Esami ematici
- TC encefalo smdc
- Consulenza neurologica:
- deviazione della lingua a dx
- lieve ptosi occhio destro

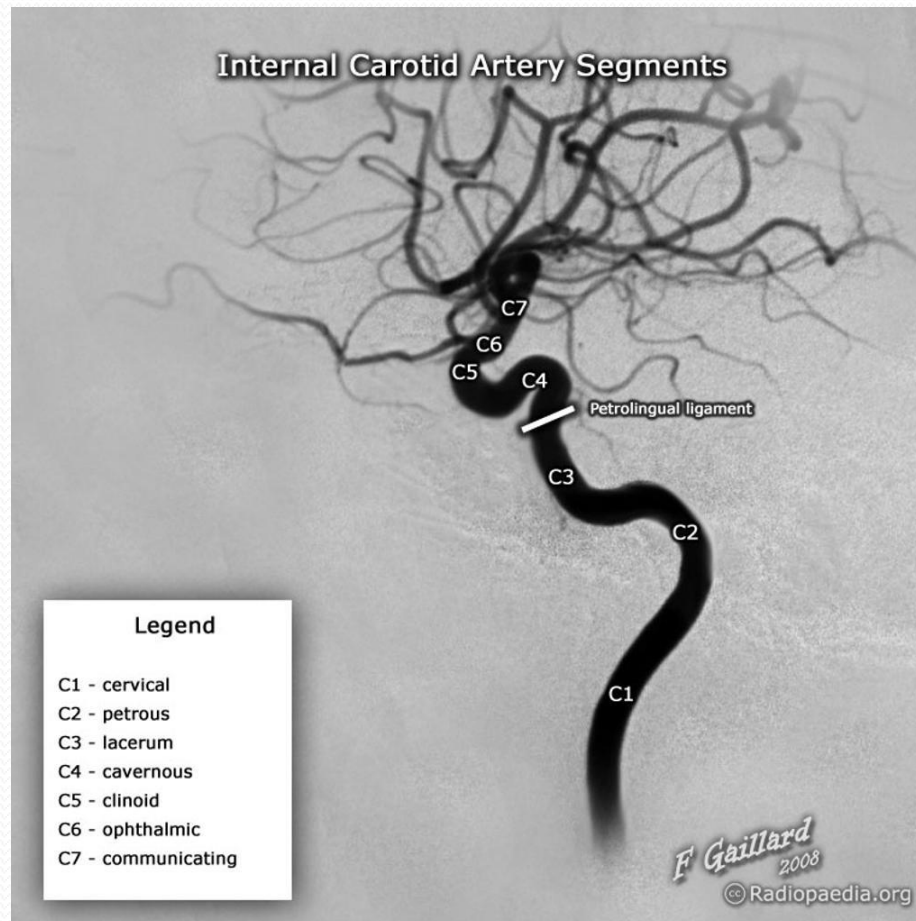


Figura 7.13 Paralisi del XII di destra. L'emilingua destra è atrofica e la lingua devia verso destra se sporta fuori del cavo orale.

CASO CLINICO: DIAGNOSI

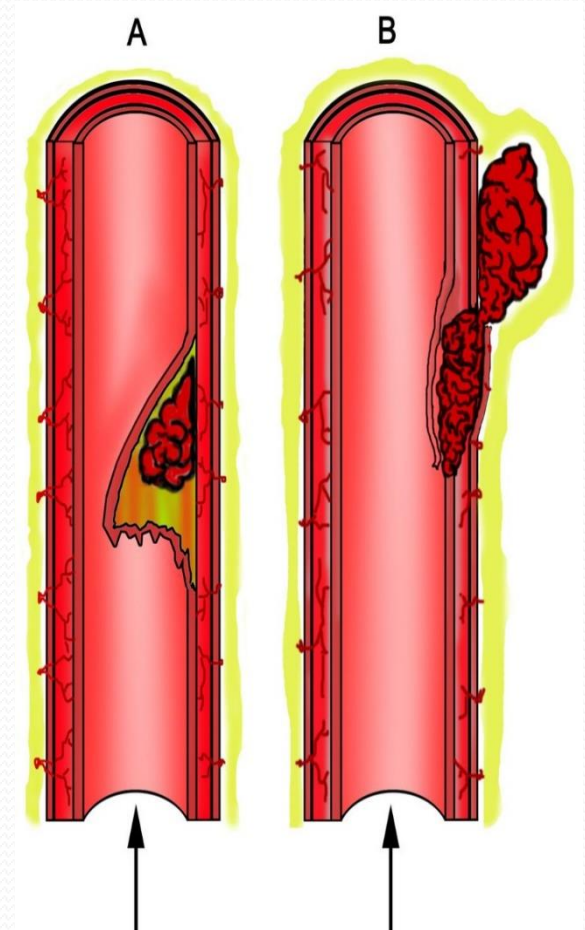
- **EcocolorDoppler-TSA:** Non si rilevano segni di dissecazione nel tratto extracranico della carotide interna destra né alterazioni di flusso.
- **Angio-RM:** vasti depositi trombotici nel tratto cervicale-intrapetroso della carotide interna destra con *aspetto filiforme* del lume del vaso a tale livello
- **Angio-TC:** aumento di calibro dell'arteria carotide interna nel tratto cervicale-origine del tratto intrapetroso con *anello di iperdensità periferica*; dopo mdc il vaso presenta un *anello di ipodensità con lume vero eccentrico*. Il reperto è suggestivo per *ematoma intramurale* con riduzione di calibro del lume del vaso

BOUTHILLIER CLASSIFICATION OF INTERNAL CAROTID ARTERY SEGMENTS



CAROTID ARTERY DISSECTION

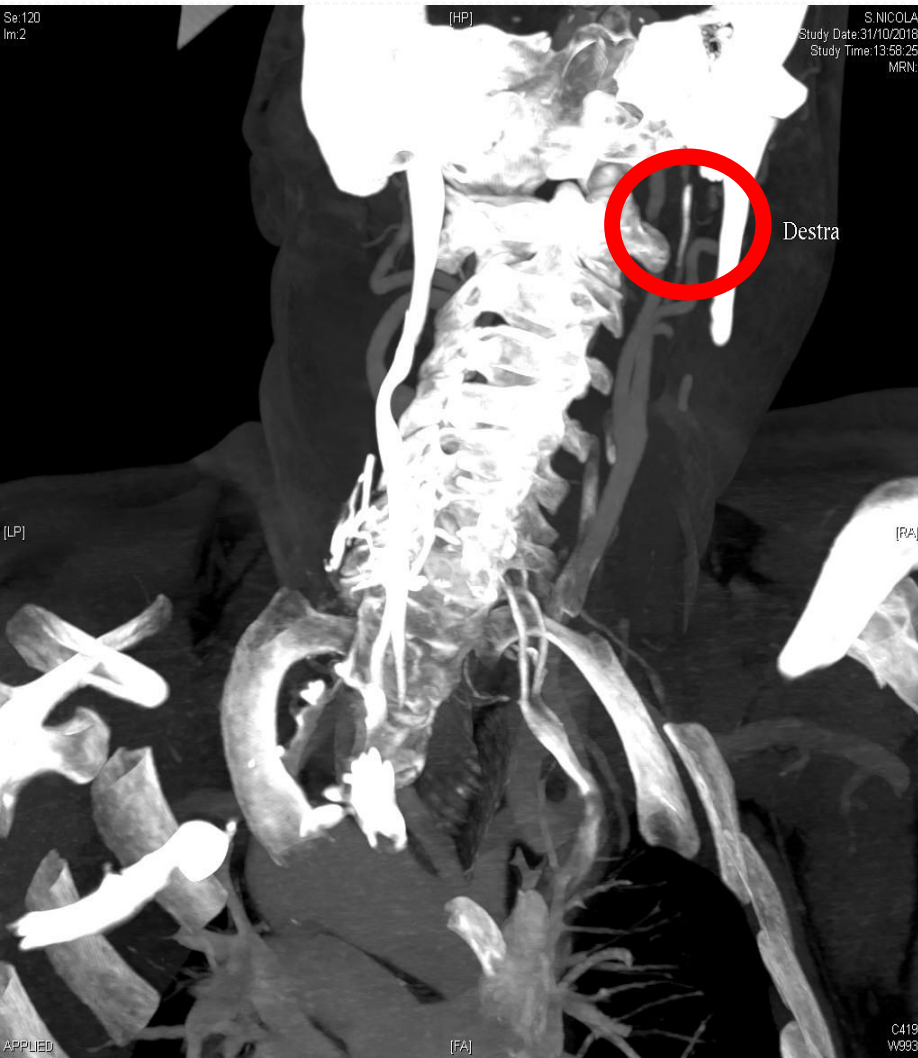
- separation of the vessel wall layers following either a tear in the intima or rupture of the *vasa vasorum* → bleeding within the media and formation of intramural hematoma;
- potential source of thromboembolism;
- can be traumatic (young patients) or spontaneous (older patients).



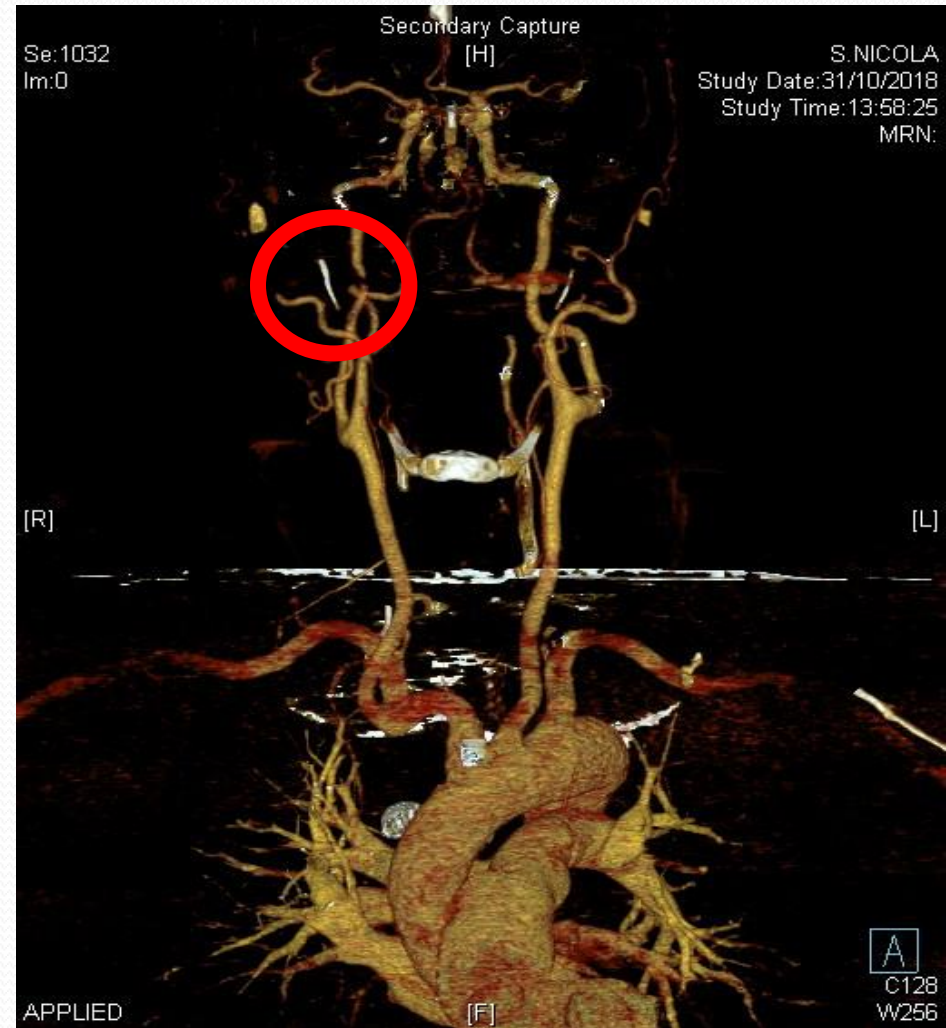
MECHANISM OF INJURY

- TCAD may result from a direct blow to anterolateral aspect of the neck;
- extreme extension/rotation , distraction/extension, distraction/flexion of the neck;
- vasocompression between C-spine and mandibula during a hyperinclination trauma.

CASO CLINICO: DIAGNOSI

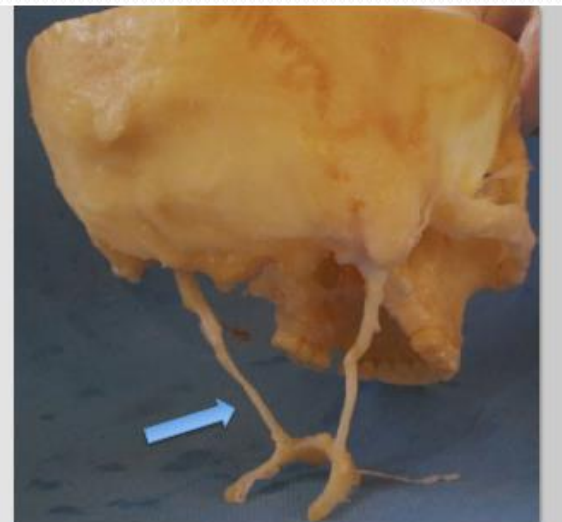
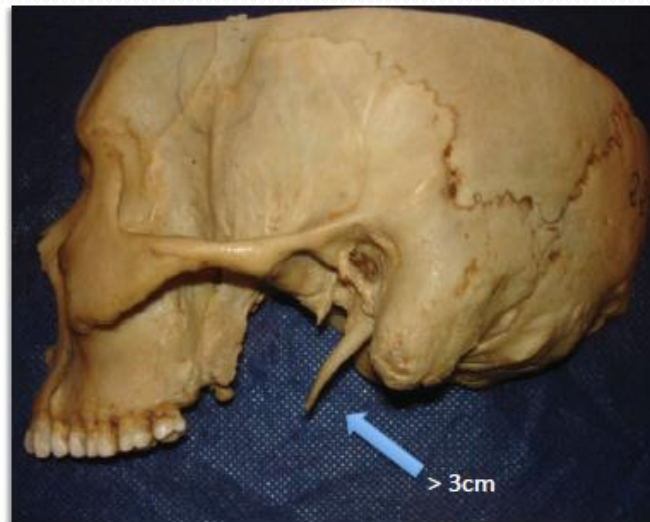


CASO CLINICO: DIAGNOSI

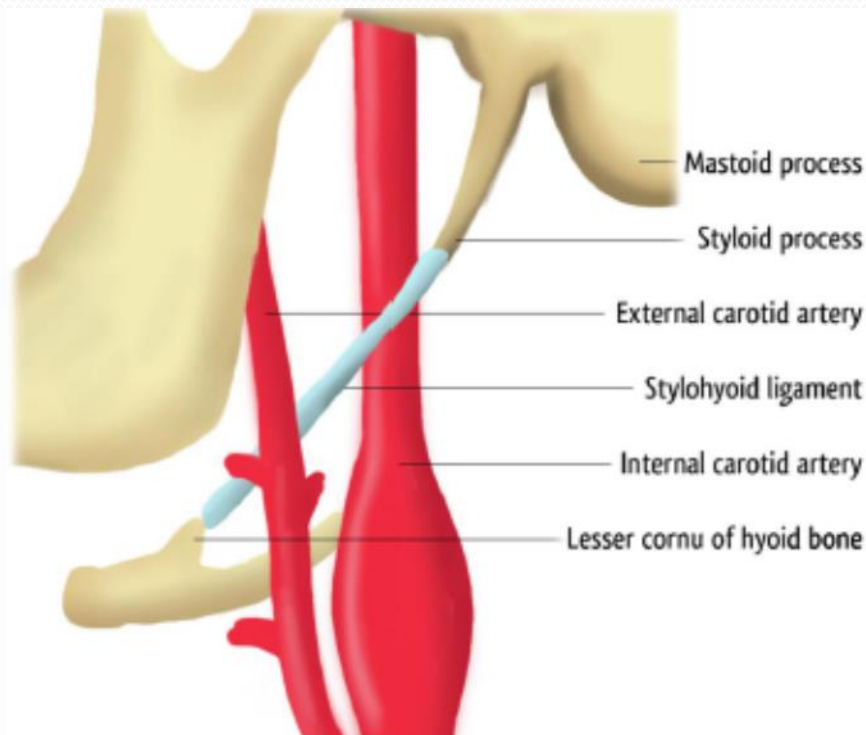


EAGLE SYNDROME

- Eagle syndrome is caused by an **elongated styloid process** or a **calcified stylohyoid and stylomandibular ligament**;
- Elongation of the styloid process (>3 cm) with/without anomalous direction;
- Calcified styloid ligament;
- Incidence 4-28%;



EAGLE SYNDROME



- The elongated styloid process may compress the **glossopharyngeal nerve** and surrounding structures, causing recurrent **odynophagia** and **cervical pain**;
- The syndrome may present with the **dissection of the carotid artery**, resulting in a transient ischemic attack or stroke.

CASO CLINICO: TERAPIA

- Coumadin 5mg embricato con Clexane 6000 UI x 2

CONCLUSIONS

- CAD is a major cause of stroke in young adults.
- The primary goals: promptly save at-risk brain tissue and prevent additional ischemia or stroke recurrence.
- identification of the pathophysiology underlying CAD is required in order to estimate the risk of recurrent cerebral ischemia and to select optimal treatment methodology.
- Although Eagle syndrome is a rare cause of CAD, it can be treated with surgical resection.
- when the cause of CAD is unclear, it is necessary to determine whether the distal portion of the styloid process is in close contact with the carotid artery.



GRAZIE PER L'ATTENZIONE