Case Report

When Eagle Stares into The Eye

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Abstract: Retinal pigment epithelial detachment (PED) is the separation of the retinal pigment epithelium (RPE) from the Bruch’s membrane (BM). Eagle syndrome (ES) is characterized by an abnormally elongated styloid process with/without abnormal direction and/or ossification of the styloid ligament. The presence of the above entities is the rarest of rare sights. It may be a coincidence, or the diseases may have an association. Hence, further studies are warranted.

Keywords: Eagle syndrome, ocular, retinal pigment, styloid ligament

Case

A 60-year-old female reported to us with a history of floaters in bilateral eyes off and on for the past six months. There was a history of pain in the angle of the mandible (right) off and on since that period, too. There was no other significant history. Her best corrected visual acuity was 6/6 in both eyes. Bilateral pupillary reactions, colour vision, ocular movements, intraocular pressure and B Scan ultrasonography were normal. Fundus examination of the right eye revealed a well-demarcated orange-yellow dome-shaped lesion at the macula (figure 1- yellow arrow), while the fundus of the left eye was within normal limits. Optical coherence tomography (OCT) revealed a serous PED in the right eye (figure 1 and 1a-red arrow) with a posterior vitreous detachment (figure 1 and 1a-green arrow) and a subretinal fluid level (figure 1 and 1a-blue arrow). The facility for fundus fluorescein angiography and indocyanine green angiography was not available to us.

A vitreoretinal consultation was taken, and they advised a regular follow-up without further intervention. ENT consultation was taken for the mandibular pain, and a complete workup was done, and radiological imaging of the site was advised, which revealed an elongated right styloid process (figure 2- highlighted in yellow). They diagnosed it as a case of Eagle Syndrome and started treatment as per their protocol. The patient is on regular follow-up in our department of ophthalmology.

Discussion

PED is seen in various ocular diseases like central serous chorioretinopathy, age-related macular degeneration, etc.[1] Various classifications of PEDs have been described in the literature.[2] Serous PED is caused by fluid collection between RPE and BM due to increased choriocapillary leakage and decreased RPE pump function. The fundus lesion in serous PED is a well-demarcated, dome-shaped lesion, and the characteristic finding is best seen in OCT.[3] On OCT, they appear as a dome-shaped elevation of the RPE over a hyporeflective space, with Bruch’s membrane being commonly visible as a straight, thin hyperreflective line.
at the base of the elevation. Treatment includes regular follow-up and monitoring for any complications like choroid neovascular membrane.[4] Clinical features of ES include headache, throat and neck pain, radiation to the ear, dysphagia, etc. Sometimes, the elongated styloid process compresses the internal carotid artery and causes transient ischemic attacks and stroke.[5] ES is treated both by medicines and by surgery (styloidectomy). Medical treatment includes analgesics, local injection of steroids / anaesthetics and stellate ganglion block. [6]  

Figure 1
Conflicts of Interest: The authors declare that they have no competing interest.

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References


