Am J Otolaryngol 40 (2019) 338

Contents lists available at ScienceDirect

Am J Otolaryngol

journal homepage: www.elsevier.com/locate/amjoto

Commentary on letter to editor titled "surgical management of patients with Eagle syndrome"

Frances Mei Hardin[a], Roy Xiao[b], Brian B. Burkey[c,*]

[a] University of Missouri Health Care, Columbus, MO, USA
[b] Cleveland Clinic Lerner College of Medicine, Cleveland Clinic, Cleveland, OH, USA
[c] Head and Neck Institute, Cleveland Clinic, Cleveland, OH, USA

I thank Dr. Caylakli for his comments on our paper. This paper looked at our overall results with the surgical treatment of Eagle's syndrome, including symptom control. While we did note that both transoral and transcervical approaches were used, there appeared to be no difference in pain control results. We did not specifically address the exact technique used to remove the styloid process and so I cannot verify his comments, based on our study. I can say that I personally make an effort to isolate the distal styloid process and then release the periosteum with minimal disruption before removing the bone, as he suggests. I usually divide the stylomandibular ligament during this, which improves visualization of the parapharyngeal space from an open approach. I leave the proximal 1–1.5 cm of the proximal styloid in place to protect the facial nerve at the stylomastoid foramen and I divide the bone with cutting Rongeurs to avoid fracturing the more proximal segment, again to avoid facial nerve injury. I do think these maneuvers are appropriate and have provided excellent results, but I cannot prove on the basis of this study that they are keys to obtaining lasting pain control.

* Corresponding author at: Section of Head and Neck Surgery and Oncology, Head and Neck Institute, Cleveland Clinic, 9500 Euclid Avenue, A71, Cleveland, OH 44195, USA.
E-mail address: burkeyb1@ccf.org (B.B. Burkey).

https://doi.org/10.1016/j.amjoto.2018.10.007
Received 12 October 2018; Accepted 16 October 2018