



## Commentary on Surgical management of patients with Eagle syndrome



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Dear Sir,

I read the manuscript entitled “Surgical management of patients with Eagle syndrome” by Hardin et al. [1]. The manuscript is so much valuable to investigate the prediction factors of model changes in pain severity after excision of styloid process using multivariable linear regression. I just want to declare some points that limit the power of this study. The authors only described the length of styloid process but didn't explain the abnormal angulation. Abnormal angulation and the distance to the tonsillar fossa rather than elongation of styloid process may be responsible for the symptom in a way [2–4]. It would be better to use a panoramic radiograph and to show the anatomical components of the SHC on panoramic radiograph. It would be easier for the readers to see and understand the anatomical details of this complex on radiograph.

The excision of styloid process was routinely performed for the patients with Eagle syndrome in our department in the past, I found that long-term effect wasn't satisfying for some patients, the symptom could be related to the psychological factor. The authors described that the median duration of symptoms prior to surgery was 13 months. I believed that ossified stylohyoid and long styloid process had been in place for years, why did the symptom recently occur? Eagle syndrome seemed to occur mostly in women with the age of 30–50 years, the authors also reported the similar age distribution. Eagle described his cases in 1937 and classically cases are more frequently bilateral, more commonly seen on the right side if unilateral, more common in females and between ages 30–50 [5]. I speculate that the symptoms appear of Eagle syndrome were related to the great mental stress in that age group. In recent years, we rarely performed the surgery and anti-anxiety-depression (e.g. Deanxit) was used for the patients with Eagle syndrome, most of symptoms may be relieved. It is interesting that the

authors performed the assessment of preoperative anxiety and depression scale, similar study hasn't been reported. In addition, we consider that whether surgery had similar placebo effect, the authors only had follow-up time of 3 months, the authors should observe the symptom relapse or not at least 12 months of long-term follow-up.

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#### Declaration of Competing Interest

No.

#### References

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