A RARE EXAMPLE OF COMPLETE OSSIFICATION OF THE STYLOHYOID LIGAMENT

Radiographic evidence of an ossification of the stylohyoid ligament among the general adult population ranges between 2% and 4%. Sexual dimorphism was reported, with males being more frequently affected than females (60% vs 40%, respectively). The incidence increases significantly with age. Stylohyoid ossification has a different importance in adults than in juveniles.

Subjects with ossification of the stylohyoid ligament suffer from dysphagia and discomfort when turning their head sideways. A relationship between elongated styloid processes and ossified stylohyoid ligaments to symptoms of stylohyoid syndrome (Eagle’s syndrome) is recorded in the literature. Stylohyoid syndrome is an anatomical anomaly that can develop early or late in life.

An ossified stylohyoid ligament in an 80-year-old patient can be an indicator of high bone density and serum calcium concentration level. Its detection in a panoramic radiograph can be lifesaving for an elderly person. A stylohyoidectomy is the treatment of choice to completely resolve the existing symptoms.

Because the complete ossification of the stylohyoid ligament is very rare, it is a challenge for every orthodontist to detect it during a routine examination of orthodontic radiographs. The following patient was the only one observed with this condition during more than 30 years of this author’s orthodontic practice.

A 36-year-old male was scheduled for orthognathic surgery for his skeletal bimaxillary protrusion (Fig 1). His medical anamnesis did not reveal a history of a cervicopharyngeal trauma. The patient felt no discomfort while swallowing but experienced modest discomfort upon turning his head from side to side.

Fig 1 Lateral cephalometric radiograph of a 36-year-old patient with complete ossification of his stylohyoid ligaments (arrow).

The patient was unaware of his condition. Because of the potential for complications due to his age, he was referred to a head and neck surgeon.

REFERENCES