Snapshot

Eagle syndrome as a potential cause of Tapia syndrome

A 38-year-old man presented with influenza A (H1N1) pneumonia complicated by acute respiratory distress syndrome, resulting in an extended intensive care unit stay (37 days). After he was extubated, he was found to have left-side IX, X and XII cranial nerve palsies. Computed tomography of his neck showed bilateral elongated styloid processes (5.0 cm long; Figure), consistent with Eagle syndrome.[1] The left styloid process was closely opposed to the transverse process of the first cervical vertebra, causing effacement of the internal jugular vein and compression of the IX, X and XII cranial nerves, which converge in this area. The eponym used to describe concurrent paralyses of the X and XII cranial nerves is Tapia syndrome,[2] with prolonged neck flexion potentially contributing to the condition in our case.

Shereen Paramalingam
MB BS[1,2]

Yi J Kuok
MB BS, RANZCR[1]

1 Sir Charles Gairdner Hospital, Perth, WA.
2 Royal Perth Hospital, Perth, WA.

pshereen81@yahoo.com

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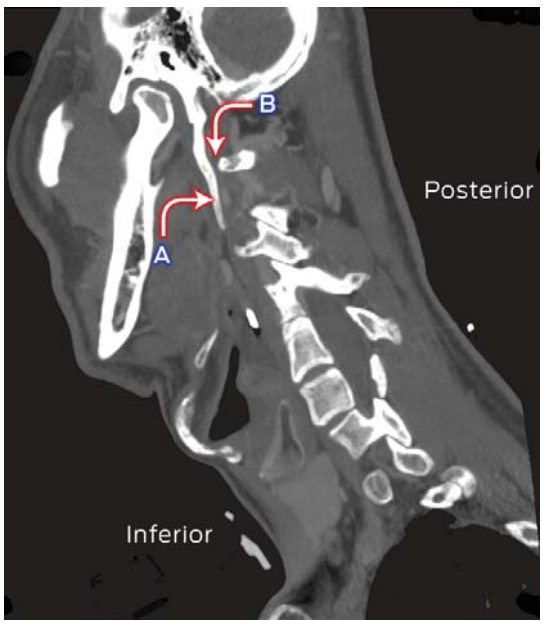
References are available online at www.mja.com.au.



Sagittal computed tomography image of the neck of the patient. A: Elongated styloid process (left); B: Area of compression of IX, X and XII cranial nerves.

1 More CB, Asrani MK. Eagle's syndrome: report of three cases. *Indian J Otolaryngol Head and Neck Surg* 2011; 63: 396-399.
2 Kang JH, Kim DM, Kim SW. Tapia syndrome after cervical spine surgery. *Korean J Spine* 2013; 10: 249-251.