

Hyoid Syndrome

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A hitherto unreported treatment for one of the manifestations of the hyoid syndrome is excision of the tip of the hyoid greater cornu. A greater "index of suspicion" for the hyoid syndrome is urged.

The hyoid syndrome is here defined as any or all symptoms related to the hyoid apparatus, which includes the styloid processes stylohyoid ligaments, the hyoid bone, and the hyoid-thyroid cartilage junction.¹ Because of the many known variations of styloid process length and the degree of calcification or ossification in the area of the stylohyoid and thyrohyoid ligaments, it is understandable that from time to time symptoms arise directly attributable to one of these variations. Probably the currently best known set of such symptoms is in connection with the so-called styloid (Eagle) syndrome.² Generally less well appreciated are similar or identical symptoms that can occur in relation to other parts of the hyoid apparatus; the frequency of their recognition, like that of the styloid syndrome, is directly related to the examiner's awareness of these conditions and especially his "index of suspicion." Since all parts of the hyoid apparatus are embryologically and phylogenetically related, and since similar symptoms can be attrib-

uted to its various parts, the styloid syndrome is therefore a subdivision or part of the more inclusive hyoid syndrome. It is not the purpose here to describe the styloid syndrome but rather to raise the general index of suspicion for other variants of the hyoid syndrome, and, in addition, to mention a successful surgical treatment for one of these.

DIAGNOSIS

It is not unusual to see an afflicted patient after he has already seen several doctors over a period of months or even years, often following multiple throat cultures and courses of antibiotics. His symptoms are variable, but a typical case includes a long history of pains on the lateral part of the neck, radiating to the ears, or vice versa. The pains may be described as stabbing or dull, and may be associated with a chronic "sore throat," dysphagia, and tightness or pressure in the neck. Movements of the head in any direction and the act of swallowing may briefly induce the pain. The sensation that a foreign body is present may occur,³ and at times sticking out the tongue has produced unpleasant sensations.⁴ Even temporomandibular joint and facial pains have been attributed to the disorder of the hyoid apparatus. The pain distribution may follow the branches of both the internal and external carotid arteries.⁵ One patient required styloidectomies⁶ because the marked enlargement of both styloid processes impaired his singing voice.

By physical examination, the two

commonest findings related to the above symptoms are (1) an enlarged styloid process, often tender to intraoral palpation, and (2) marked tenderness at the tip of the greater cornu of the hyoid bone. While the intraoral palpation of the styloid process in the area of the tonsillar fossa is generally appreciated, adequate palpation of the tip of the greater cornu should be elaborated: Due to the great mobility of the hyoid bone, it first has to be steadied by pressure on the side opposite to the one in question. This can be done by either bidigital or bimanual palpation. Care should be taken to palpate the tip, rather than the more anterior part of the greater cornu, which is done by first gently pushing back the slightly overlying sternocleidomastoid muscle with the palpating finger. Shenoi⁷ reported on 15 patients with cervical pains and associated tenderness over the lesser cornu of the hyoid, calling this symptom complex "stylohyoid syndrome," another subdivision of the hyoid syndrome.

X-ray films are most useful in demonstrating an elongation of the styloid process as well as other variants and abnormalities of the hyoid apparatus. But, just as there are asymptomatic individuals with positive x-ray findings, some with the classic hyoid syndrome will have normal x-ray results. The most useful projections for demonstrating the hyoid apparatus are the usual standard views for showing the cervical spine, especially the open mouth (odontoid) view (Figure).

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