**Título:** EAGLE SYNDROME: A CAUSE OF LIFE-THREATENING ANESTHETIC CHALLENGES - A CASE REPORT

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(TEM FOTO)

**Resumo:**

Background: Eagle Syndrome (ES) is a poorly understood clinical condition,  
with incidence of up to 7,3%, resulting from the elongation of the styloid process.(1) Several cases of ES complicated with carotid artery dissection have been described.(2) Although it is associated with specific and potentially life-threatening anesthetic challenges, there are currently no specific guidelines for perioperative management of these patients.(2)

Case Report: We report the case of a 33-year-old woman, ASA II, with medical history of chronic sinusitis and ES associated with recurrent pain in the posterior cervical region and ear-jaw articulation (with limited mouth opening), and episodic limitation of lateral neck rotation due to pain (computed tomography presented in figure 1). She was submitted to elective septoplasty under balanced general anesthesia and was carefully intubated using a video laryngoscope. Cervical positioning was performed carefully, without lateral rotation. There were no complications during the perioperative period.

Discussion: ES is associated with a risk of neurovascular damage to the structures surrounding the styloid process (including the carotid artery and cranial nerves), and difficulty in orotracheal intubation.(2) A rigorous and detailed pre-anesthetic evaluation is essential to determine the degree of neurovascular impairment resulting from different cervical positioning, allowing to minimize the risk of serious injuries in the perioperative period. We describe a case in which careful planning of perioperative care and orotracheal intubation with video laryngoscope proved to be essential in avoiding potential damage.

Learning points: ES is associated with specific anesthetic challenges and the risk of life-threatening complications. Careful planning of perioperative management is crucial to prevent perioperative neurovascular damage.

References:

1 – Clin Neurol Neurosurg. 2017; 159: 34–38.

2 – J Anesth. 2014; 28: 291–293