RADIOLOGIC FINDINGS

GENERAL FINDINGS: The scan demonstrates a dental adult with erupted maxillary and mandibular third molars. No endosseous dental implants are present. No teeth have root canal treatment. There is no evidence of periapical pathology associated with any of the teeth within the field of view. The remaining teeth have mild generalized alveolar bone loss. The naso-oropharyngeal airway space dimension within the field of view is within normal limits and unremarkable.

SPECIFIC FINDINGS: There are bilateral linear calcifications extending from the styloid process antero-infero-medially consistent with calcified stylohyoid ligaments. The length of the right styloid process is approximately 4cm and 4.5 cm on the left side. Both ligaments are partially calcified and segmented. Narrowing or displacement of upper airway are not observed. There is evidence of coalescing dystrophic soft tissue calcifications in the lateral superficial pharyngeal wall bilaterally at the level of C2 vertebra and consistent with tonsiloliths. The cervical vertebrae demonstrate mild degenerative changes with a spur of bone on the infero-posterior aspect of the third cervical vertebra and on the supero-posterior aspect of the fourth cervical vertebral body. C1 vertebra shows cortical thickening of the anterior and posterior arches and irregular outline, but still within normal limits. Calcifications of the transverse and apical odontoid ligaments are not observed. Mild erosion of the superior articular facet is noted, bilaterally. Narrowing of the atlanto-occipital joint space is observed, bilaterally, but this may be associated with patient's head position during image acquisition. The transverse foramina are round and corticated, bilaterally. C2 vertebra shows mild thinning of the cortex similar to C3 and C4 with narrowing of the posterior intervertebral space between C2 and C3. In the presented exam, C4 shows minimal posterior position relative to C3 vertebra. The radiographic findings show mild osteoarthritic changes with thin but uniform cortices and without calcification of ligaments, narrowing of the intervertebral spaces,osteophyte formations or fusion.

INCIDENTAL FINDINGS: The floor of the maxillary sinus demonstrates mild generalized mucosal thickening bilaterally. Dome shaped homogeneous opacification on the roof of the left maxillary sinus consistent with an antral mucosal pseudocyst. Bilateral conchae bullosa of the middle conchae.

RADIOLOGIC IMPRESSION

1) Eagle syndrome is a clinical diagnosis of patients with or without history of pharyngeal trauma/tonsillectomy, with persistent dull pharyngeal pain in the tonsillar fossa, dysphagia, sensation of foreign body in the throat, tinnitus, cervicofacial pain and calcification of the stylohyoid ligament(s). Asymptomatic patients show processes measuring from 1.5 to 5mm. Radiographic features/dimensions of the processes of this patient are within normal limits. This patient displays elongated and segmented ligaments, and medial or lateral deviation may be compressing the internal or external carotid artery(ies). Supraorbital and/or parietal pain may be caused by impingement of the internal carotid artery. 2) Cervical vertebrae show mild degenerative changes compatible with patient's age. Narrowing of the intervertebral spaces may be associated with patient's head position during image acquisition. In the presence of significant symptoms, MRI and medical evaluation are recommended.

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PLEASE NOTE: The radiologic findings and impression are developed in consultation with Dr. Werner H. Shintaku, DDS, MS, Dip. ABOMR, a board certified Oral and Maxillofacial Radiologist. The information and/or recommendation(s) contained herein is based upon the provided history and imaging rationale, images and volumetric data set and is for consultation purposes only. As with all diagnostic imaging, cone beam CT has diagnostic limitations. Diagnosis, medical advice and treatment is the sole responsibility of the treating physician or dentist.