



Morphological Characteristic and Incidence of Elongate Styloid Process in South Indian Population: A Case Series

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Introduction: Styloid process is a slender osseous projection, cylindrical and sharp projection of the temporal bone, located in front of stylo mastoid foramen. Styloid process is from Reichert's cartilage of the second branchial arch, this is a part of the splanchnocranium. This is Connected to the hyoid bone through the Stylohyoid ligament. The morphology of the Styloid process is due to hormonal and genetic changes. Orthopantomography is a radiographic method used to visualise mandibles. It also provides a rotational view of the jaw. The aim of the study is to analyse the elongation of the Styloid process in the South Indian population.

Materials and Methods: The study was conducted in dental institutions with convenience sampling. The random orthopantomogram sample was collected from a dental institution. Total number of orthopantomogram involved in the study was 80 (40-males and 40-females) that is used to examine elongation of the Styloid process in the South Indian population. The minimised sampling bias is done by stratification according to age and gender.

Statistical Analysis: The data were analysed by using SPSS software. The probability value $p < 0.05$ is considered as significant and the value $p > 0.05$ was considered as not significant.

Results: This study showed various types of Styloid processes in males and females. However we

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concluded that there is a difference in shape of Styloid processes. The most common type of the Styloid process found in males is pseudo articulated (32.5%) whereas in females the most common type of Styloid process found is uninterrupted (37.5%)

Conclusion: From the current study we have concluded that the pseudo articulated Styloid process is more in males whereas uninterrupted is more in females. Only retrospective studies were done so far. Therefore in future studies with live models and larger sample size should be conducted.

Keywords: Elongated Styloid process; orthopantomogram; forensic identification; Innovative method.

1. INTRODUCTION

Styloid process is a slender osseous projection, cylindrical and sharp projection of the temporal bone, located in front of stylomastoid foramen. Styloid process is from Reichert's cartilage of the second branchial arch, this is a part of the splanchnocranium. This is connected to hyoid bone through the Stylohyoid ligament [1]. Different methods are there to evaluate morphological aspects of the styloid process, they are human dry skulls [2], digital panoramic radiographs [3,4], computed tomography (CT) [5,6] and cone beam computed tomography (CBCT) [7,8]. Digital panoramic radiographs are accurate enough for the diagnosis of elongated styloid process, even though they are having computed tomography and cone beam computed tomography. More over digital panoramic studies are the primary resource for epidemiological studies due to high distribution and easy interpretation [9,10]. Elongated styloid process is classified based on radiographic features by Langlais et al as follows: TYPE I as elongated, TYPE II pseudo articulated and TYPE III as segmented. The elongation of the styloid process is accompanied by calcification of stylohyoid and stylomandibular ligaments, potentially triggering a series of symptoms, they are pain when movement of head takes place, irritation /foreign body sensation in the throat, dysphagia, facial pain, earache, trismus. Eagle's syndrome is associated with these symptoms [11]. Diagnosis of elongated styloid process is confirmed by analysis of radiographs and clinical examination of the patient is considered as an important tool. The experience from our previous studies [12-22] have led us to focus on the current topic [12].

There are many suggested hypotheses, exact etiology of calcified and ossified styloid processes are unknown. [23,24]. Eagle syndrome diagnosis is done by both radiographic and physical examination. For complementary information computed tomography is useful,

which is provided by panoramic radiographs [25]. It was observed that the length of the styloid process increased with an increasing age and the length of the styloid process was more in males compared with females. Elongation of the styloid process may be a fortuitous asymptomatic radiographic observation. Although the panoramic radiograph is the more common radiographic view to detect the elongation of the styloid process, other views such as posterior-anterior projection of the mandible, lateral oblique projection of the mandible and axial and cephalometric radiographs can also aid in establishing the elongated process. Our team has extensive knowledge and research experience that has translate into high quality publications [26-45]. The present study was carried out in the south indian population to analyse the elongation of the Styloid process in the South Indian population

2. MATERIALS AND METHODS

The study to determine the type of elongated styloid process on the panoramic radiographs and the incidence of elongated styloid process was conducted in dental institutions. The study is approved by the institutional review board. A total of 80 (40 males and 40 females) radiographs were taken and included in the study. Stratification is done based on age and gender. There are four types of styloid process: normal, uninterrupted, pseudoarticulation and segmented styloid. The Variables are dependent on ethnicity and races among the south indian population. Patients aged 10 years and above and High quality OPG's with respect to coloration and angulation were included. Exclusion criteria- Patients affected with dental and maxillofacial fractures, joint disjunction, traumas, pathological lesions around temporomandibular joints were excluded and Patients undergoing surgery or orthodontic purposes were excluded from the study. Data were analyzed statistically by SPSS 2.3. by chi square test.

3. RESULTS

This study showed various types of Styloid processes in males and females. However we concluded that there is a difference in shape of Styloid processes. Out of 80, 40 were males and 40 were females. The most common type of the Styloid process found in males is pseudo articulated [32.5%] whereas in females the most common type of Styloid process found is uninterrupted (37.5%). Relation between gender and type shows that uninterrupted styloid is less in male and segmented styloid is less in females. The percentage of uninterrupted styloid in male is 17.5% whereas in females the percentage of Uninterrupted styloid is 37.5%. Males have 30% of normal Styloid whereas females have 27.5% of normal Styloid. The study relationship with age and type, between 0-20 normal is more, between 20-40 normal and uninterrupted is more, between 40-60 pseudoarticulation is more and above 60 uninterrupted and pseudo articulation is more. (Fig. 1,2).

4. DISCUSSION

Our study showed various types of Styloid processes in males and females. The result showed that the common type in males is pseudo articulated whereas in females the common type is uninterrupted. In radiographic presentation, TYPE III i.e pseudo articulation is more in males compared to others, whereas TYPE II is more in females i.e uninterrupted when compared to other types, in the South Indian population.

Prevalence and pattern of elongated styloid process among geriatric patients in Saudi Arabia-elongated type is more but, in the South Indian population among 80 patients pseudo articulation is more.[10]. TYPE III comprises short or long non continuous portions. Styloid complex or interrupted segment mineralised styloid ligament. In radiographic presentation, TYPE III is less compared to other types in males. In females segmented styloid is less in number

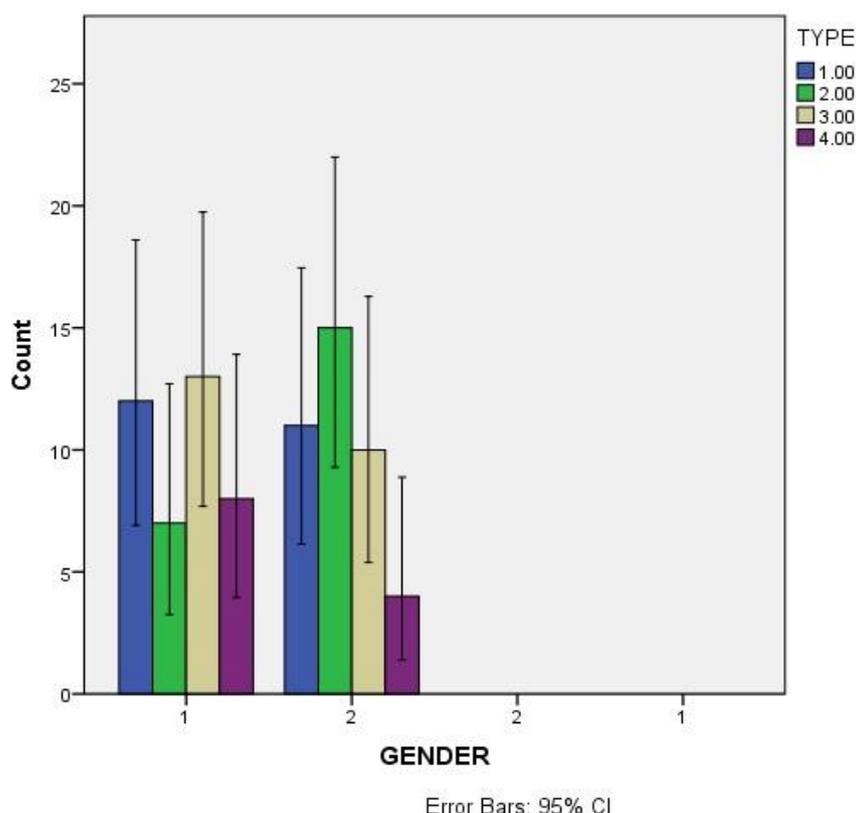


Fig. 1. This graph shows the mean value of the elongated styloid process in males and females. X axis- 1 represents male and 2 represents female. In the Y axis represents number of samples TYPE I is normal [blue], TYPE II is uninterrupted [green], TYPE III is pseudo articulated [yellow], TYPE IV is segmented [purple]. The mean value of the elongated styloid process is observed to be statistically significant with $p < 0.05$

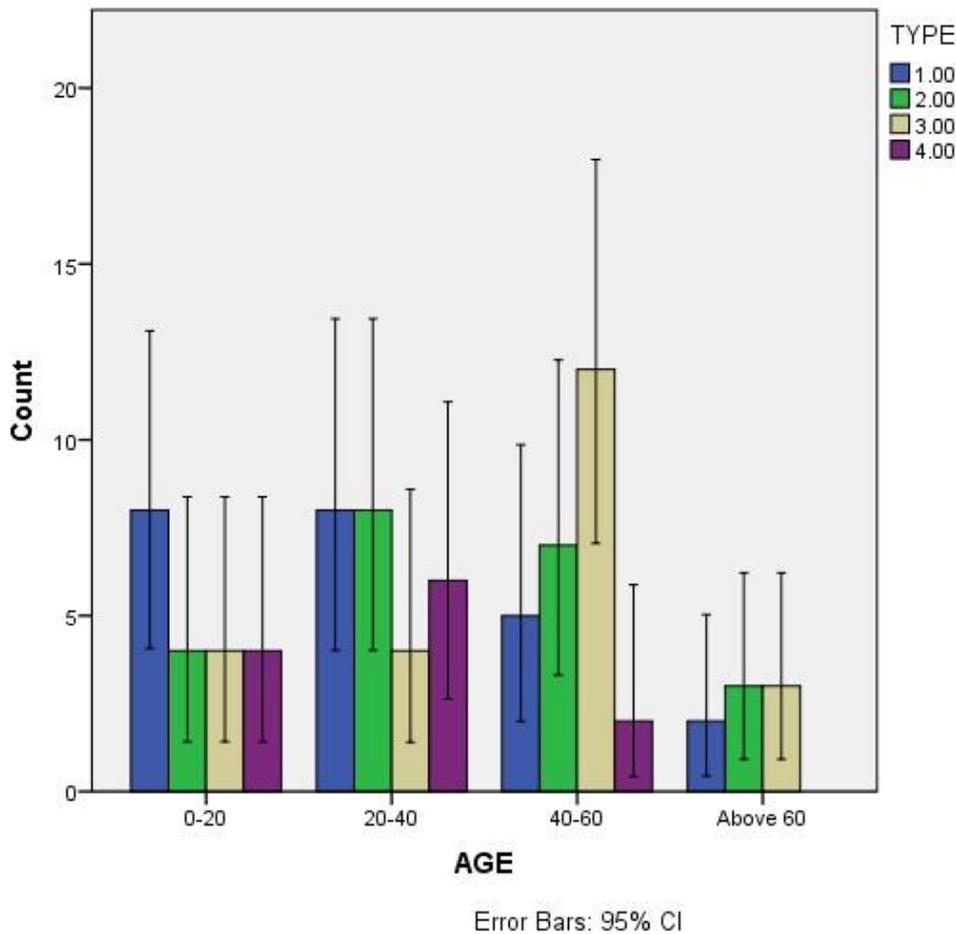


Fig. 2. This graph shows the mean value of the elongated styloid process in males and females. The X axis represents the age group and Y axis represents the number of samples. TYPE I is normal [blue], TYPE II is uninterrupted [green], TYPE III is pseudo articulated [yellow], TYPE IV is segmented [purple].The mean value of the elongated styloid process is observed to be statistically significant with $p < 0.05$

among 80 in the South Indian population. A study talked about morphological variations of styloid processes and reconstructive surgeries such as flooring and anthropology. The structure of styloid process is used in forensic identification and sex determination. It is also used for determination of heredity. But sex determination with shape and size of Styloid process is not reliable [46,47].

A study showed various shapes of styloid processes in males and females using orthopantomogram. Orthopantomography (OPG) is a radiographic method used to visualize mandibles. It also provides a rotational view of the jaw. Out of all the methods OPG's were found to be cost efficient. OPG shows different shapes of the styloid process bilaterally which is appreciated. Previously evaluation of styloid

process and elongated process were done using CBCT[Cone Beam Computed Tomography] ; they provide transition of dental diagnosis and possess 2D (two dimensional) and 3D (three dimensional) [48]. Morphological variations are caused due to development and growth. Therefore morphology of the styloid process is due to chewing habits, hormonal factors, heredity and growth.[49]. The traumas can be observed by panoramic radiographs. CBCT were used for identifying styloid fractures in accordance with previous study. Our study showed the various shapes of the elongated styloid process in the South Indian population using orthopantomogram [50].

The limitations of the study is that only retrospective studies were done so far. Therefore in future studies with live models and larger

sample size should be conducted. Therefore it gains a vital importance in the source of graft material. mineralization in the site of elongated styloid process is a rather common anatomic abnormality, which is easily detected in panoramic radiographs. In future, studies with live specimens and large sample size should be conducted to make the context evident which may have more forensic and surgical relevance.

5. CONCLUSION

The results of the study suggests that the pseudo articulated Styloid process is more in males whereas uninterrupted is more in females of the South Indian population. The data from our study will help the surgeons to know more about the Styloid process and plan surgeries accordingly. Future studies with live models and larger sample size should be conducted to make the context evident.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

CONSENT

It is not applicable.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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