

Letters to the Editor

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Re: “Symptom Resolution Rates of Posttraumatic versus Nontraumatic Benign Paroxysmal Positional Vertigo: A Systematic Review”

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No sponsorships or competing interests have been disclosed for this article.

We read with great interest the recent article by Aron et al.¹ In most patients with benign paroxysmal positional vertigo (BPPV), there is no identifiable cause. Possible causes of BPPV include viral neurolabyrinthitis, Meniere's disease, migraine, and head trauma.¹ Occasionally BPPV can occur after middle ear surgery² and stapedectomy.³

In this article, the authors profoundly have emphasized the relationship between BPPV and head trauma. But it is not clear whether there were other possible causes of head trauma in the group. Vestibular neuritis and Meniere's disease have a tendency for recurrence as well as head trauma. Since BPPV occurred after tympanoplasty, stapedectomy, and other ear surgery, these surgical procedures had each better be considered a trauma.^{2,3} We are of the opinion that it would have been useful to emphasize these situations in the article. As such, we think that the patients should be asked about a history of ear surgery and ear disease. Thus, we can provide more detailed information about recurrence.

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Disclosures

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Position of Styloid Process in Eagle's Syndrome

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No sponsorships or competing interests have been disclosed for this article.

Dear Sir,

I read the article written by Kent and et al¹ published in your journal. First of all, thank you for the authors' citation of our manuscript. I agree with the authors' result. In the pathophysiology of Eagle's syndrome, there is mechanical irritation of nerve endings by the tip of styloid process or the ossified ligament.² Therefore, the position of the styloid process is more important than the length. As distance of the styloid process to tonsillar fossa, also angulation is an important factor for the symptoms.^{3,4} Although the authors found no difference between groups for angulation, I believe that anterior angulation is an important factor because, as the tip of the styloid process is closer and sharper, there appears more stretching, pinching, and symptoms of Eagle's syndrome.

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