CLINICAL CASE REPORT

Pterygoid Hamulus Syndrome – Undiagnosed

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ABSTRACT

Undiagnosed Pterygoid Hamulus syndrome can cause long-term suffering. We herewith report on a case with a 30-year history of discomfort and pain without being correctly diagnosed.

Keywords: Pain; Palate; Undiagnosed

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INTRODUCTION

Pain in the soft palate, originating from an elongated pterygoid hamulus, was described as far back as 1964[1] and 1968.[2] Hjorting-Hansen and co-workers in 1987[3] first used the term "Pterygoid hamulus syndrome," characterised by pain in the palatal and pharyngeal regions, caused by an abnormally shaped and/or an elongated pterygoid hamulus. The patient who is the subject of this case report had experienced discomfort and pain for 30 years without the benefit of an accurate diagnosis.

CASE REPORT

A 50-year old male patient was referred for his constantly painful soft and hard palates. He had previously consulted a variety of specialists without any successful establishment of a diagnosis. One of the referrals was for psychiatric treatment. His medical history revealed nothing abnormal, apart from tinnitus. During 1980, the patient became aware of a swelling/lump situated posterior to the last maxillary teeth. The initial symptom was that of discomfort in the hard-soft palate region.

Figure 1: Left pterygoid hamulus exposed

Figure 2: Left pterygoid hamulus

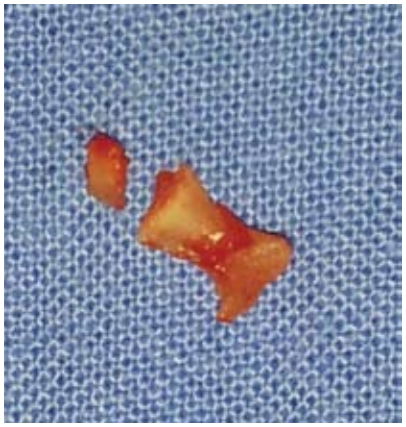

Figure 3: Right pterygoid hamulus

The discomfort became worse and progressed to pain which worsened during winter. Sometimes the pain was more pronounced during mornings when the patient awoke, especially on the side on which he had slept. Chewing increased the pain which sometimes radiated to the posterior aspect of the eyes. From 2008, until surgery, he had been on permanent medication to control the nagging pain. Local anaesthetic spray, administered by himself to his palate, brought relief.

The pain radiated from the pterygoid hamulus area bilaterally and on palpation of the region, a bulging/hard mass could be felt. On pressure, pain was elicited, similar to that which the patient had experienced over the past three decades. A surgical approach for removing both abnormal pterygoid hamuli was indicated. Under general anaesthesia, an incision through the overlying mucosa was made bilaterally and with blunt dissection, the pterygoid hamuli were exposed (Figure 1). Both pterygoid hamuli were resected at their base (Figures 2 & 3). The entrance wounds were closed superficially with resorbable sutures (Figure 4). On the first post-operative day, the patient reported no pain in the palate, as well as almost complete relief of his persistent tinnitus.

Figure 4: Post-operative closure

DISCUSSION

Kronman *et al.*[4] in 1991 described in more detail the clinical symptoms and signs of pterygoid hamulus syndrome. Our patient had experienced similar symptoms for the best part of 30 years. Sasaki *et al*[5] reported in 2001 that a total of 29 cases had been described since 1964. In a study by Dupont and Brown[6] in 2007, 92 out of 464 patients who presented with temporomandibular disorders, showed comorbidity pain and symptoms in the pterygoid hamulus area. Patients suffering from pterygoid hamulus syndrome might suffer for extended periods as a result of being undiagnosed. Clinicians should be aware of this condition, especially when a patient cannot be diagnosed with a problem of pain in the palate, as this pain might be considered as pterygoid hamulus syndrome.

Declaration: No conflict of interest declared.

References

1. Gores RJ. Pain due to long hamular process in the edentulous patient. Lancet 1964; 84 353–4.
2. Hertz RS. Pain resulting from elongated pterygoid hamulus: report of case. J Oral Surg. 1968; 26 209-10.
3. Hjorting-Hansen E, Lous I. The pterygoid hamulus syndrome. Ugeskrift Laeger 1987; 149:979-82.
4. Kronman JH, Padamsee M, Norris LH. Bursitis of the tensor veli palatini muscle with an osteophyte on the pterygoid hamulus. Oral Surg Oral Med O 1991; 71:420-2.
5. Sasaki T, Imai Y, Fujibayashi T. A case of elongated pterygoid hamulus syndrome. Oral Dis 2001; 7:131-3.
6. Dupont JS, Jr., Brown CE. Comorbidity of pterygoid hamular area pain and TMD. J Cranio Mand Prac 2007; 25:172-6.