## **IMAGE PRESENTATION**

## Fracture on Greater Horn of the Hyoid Bone

Hyoid Kemik Büyük Boynuz Kırığı



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Figure: Computed tomography images of the patient. Fracture line in the left greater horn of the hyoid bone (arrow).

A 25-year-old male patient presented with headache, neck and upper extremity pain after a fight. According to the patient's anamnesis, it was learned that he was punched by three people and one person squeezed his throat with his hand. The patient had no specific medical history. In the physical examination of the patient, ecchymosis in the left cheek region, ecchymosis under the left eye and diffuse hyperemia on the face were detected. There was 2x3 cm and 4x5 cm dermabrasion on the neck, dermabrasion on the right elbow and left humerus, and hyperemia on the left forearm. There was no crepitation on head, neck and chest examination. In the sagittal sections of the neck computed tomography, a fracture line in the left greater horn of the hyoid bone (Figure). In the video laryngoscopic examination, the vocal cords were mobile and the airway was open. The physical examination and laryngoscopic examination findings of the patient after 24 hours were similar. The patient, who had no complaints of swallowing and dyspnea, was discharged without complications.

The primary symptom of a hyoid bone fracture is a

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sharp pain that increases with swallowing, coughing, and speaking in front of the neck. Closed hyoid fractures may be asymptomatic or may be missed in the presence of multiple injuries (1). It may cause clinical findings such as difficulty in swallowing and speaking, pain, limitation in mouth opening. Soft and hard tissue manifestations of neck trauma should be carefully evaluated. If there is a strong clinical suspicion of organ damage, ancillary diagnostic methods such as computed tomography, direct nasolaryngoscopy, pharyngoscopy, and laryngobronchoscopy may be useful to exclude or confirm the possibility of injury. The diagnosis of hyoid bone fracture is typically made by evaluation of clinical findings by direct X-ray, computed tomography, direct laryngoscope, or surgical observation. On the other hand, computed tomography is also useful for excluding lifethreatening conditions accompanying hyoid fracture, such as cervical vertebral injury, vascular injury, and pharyngeal rupture (3).

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