



## Reply to: Angulation of the ossified stylohyoid complex and Eagle syndrome

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Dear Sir,

We appreciate a lot the considerations on our manuscript “Length of the ossified stylohyoid complex and Eagle syndrome” [1] in that our aims were to investigate the correlation between the length of ossified portion of SHC (OPSHC) and signs and symptoms of Eagle syndrome and explain the stylohyoid complex (SHC) terminology. But, it is important to declare that we do not include a panoramic radiograph to show the anatomical components of the SHC since we considered that the readers of the journal are familiar with the anatomy of this area. He (she) is right in that abnormal projection of OPSHC and its distance to the tonsillar fossa cannot be measured correctly on panoramic radiograph, but we like to clarify that both points were not aims of our study.

Again, we like to thank his (her) considerations since they increase the knowledge on this subject for readers of the journal.

### Compliance with ethical standards

**Conflict of interest** The authors declare no conflict of interest whatsoever arising out of the publication of this manuscript.

### Reference

1. Ledesma-Montes C, Hernández-Guerrero JC, Jiménez-Farfán MD (2018) Length of the ossified stylohyoid complex and Eagle syndrome. *Eur Arch Otorhinolaryngol* 275:2095–2100. <https://doi.org/10.1007/s00405-018-5031-3>

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