

Clinical presentation of acute calcific tendinitis of the longus colli muscleIn-Sik Lee^{1†}, Minsun Kim^{1*}Konkuk University Medical Center, Department of Rehabilitation Medicine¹**Introduction**

Acute calcific tendinitis of the longus colli tendon is an aseptic inflammation of the longus colli tendon that characterized by acute onset of posterior neck pain, neck stiffness and when more advanced, dysphagia or odynophagia. Awareness of its existence is crucial in the differential diagnosis, because many other conditions, such as retropharyngeal abscess, disc herniation, oro-pharyngeal neoplasm or meningitis, show similar clinical features. We present a case exhibiting acute onset of neck pain that over the next few days progressed to involve dysphagia. Multiple imaging studies were performed that eventually supported the diagnosis of acute calcific longus colli tendinitis.

Case Report

A 51-year-old woman presented with occasional posterior neck pain and left side neck stiffness accompanied by dysphagia. One morning, she woke up with neck pain that was much worse than her usual neck pain. There was no history of trauma, unusual physical exertion or strain to the neck. The pain continued to worsen the next day, when she also noticed mild restriction of her neck movements and she developed dysphagia for both solids and liquids. With her neck pain and stiffness worsening, an MRI of the neck with contrast was performed to look for prevertebral or epidural abscess. Imaging revealed severe prevertebral soft tissue swelling without finding of abscess (figure 1). CT scan of the neck was performed to confirm the presence of calcifications in the longus colli tendon. The CT of the neck was consistent with 1.3x0.7x1.2cm sized cloud like high density calcification deposition at just inferior aspect of atlas tubercle (figure 2). Treatment with NSAIDs, low doses of corticosteroids and Philadelphia brace relieved the symptoms within 48 hours. Four week after treatment she was doing well, able to tolerate a regular diet, and move her neck without pain. Eight weeks later she continued to be asymptomatic. Follow-up CT showed markedly decreased amount of calcification at longus colli tendon deposition (figure 3).

Conclusions

Acute calcific longus colli tendinitis is an underreported entity in the literature and clinicians should become aware of its existence. We would like to raise awareness of this important mimicker as an often misdiagnosed cause of acute neck pain. It may lead to unnecessary antibiotics administration and interventions in the retropharyngeal space.

Key words

calcific tendinitis, longus colli, neck pain, dysphagia

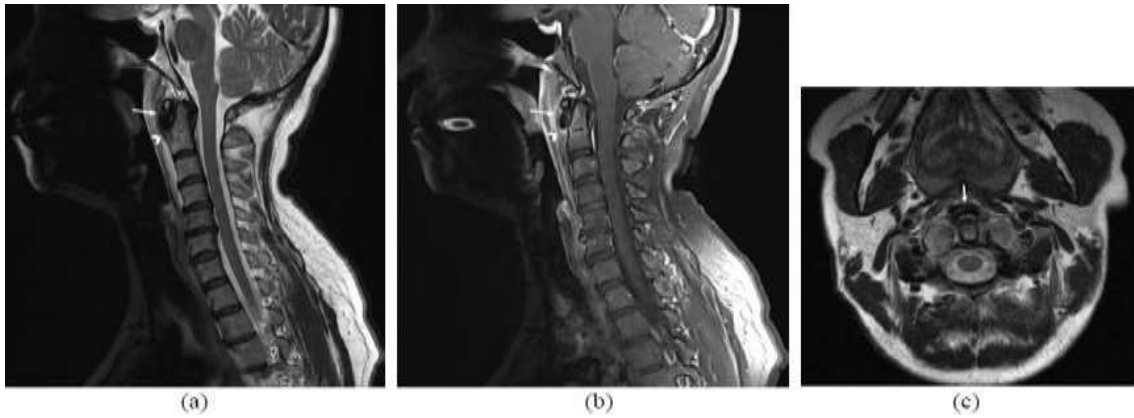


Fig 1. Initial C-spine MRI. a. Contrast enhanced T1W sagittal view. b. T2W sagittal view. c. T2W transverse view. There is a severe prevertebral soft tissue swelling (arrowhead) without evidence of abscess or inflammation, and proximal fibers of the longus colli tendon have calcification (arrow).

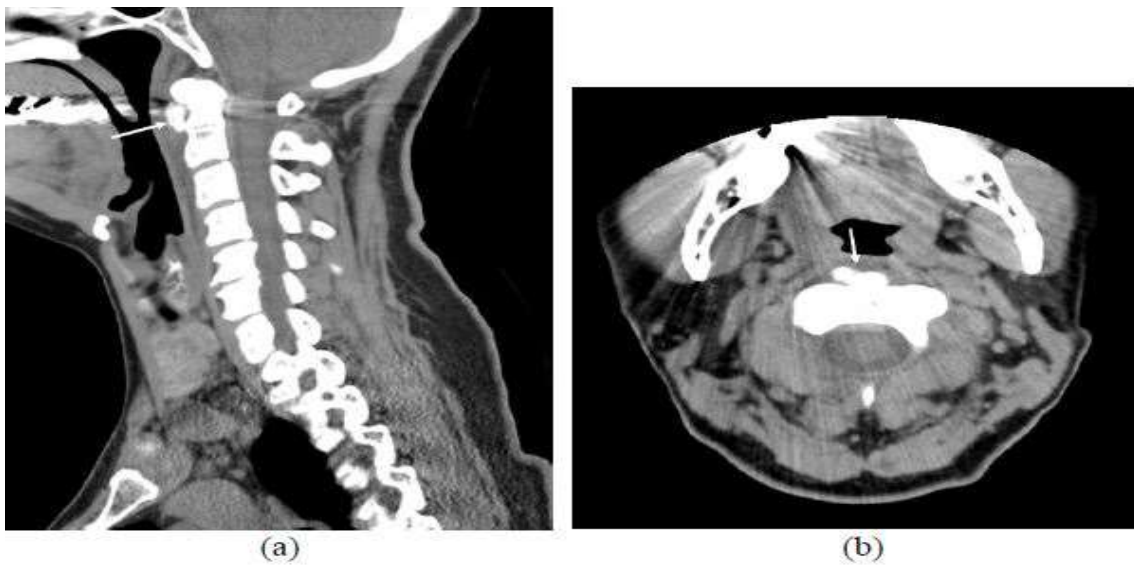


Fig 2. Initial Neck CT. a. sagittal view. b. transverse view. Both of them reveal high density calcification deposition (arrow) at just inferior of atlas tubercle.

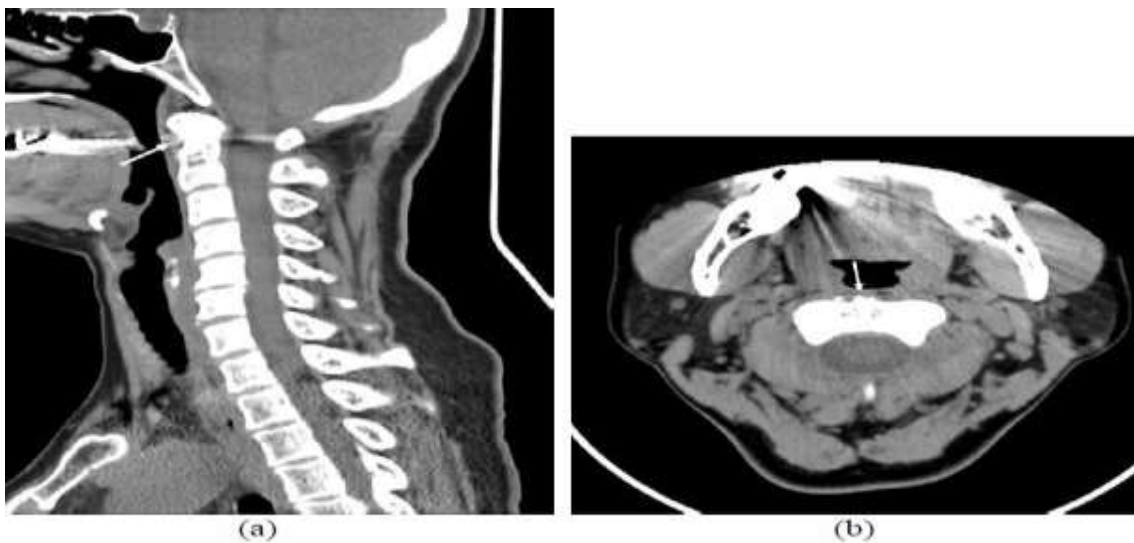


Fig 3. Follow-up Neck CT. a. sagittal view. b. transverse view. Both of them reveal markedly decreased amount of calcification (arrow) at longus colli tendon deposition