

Calcific retropharyngeal tendinitis

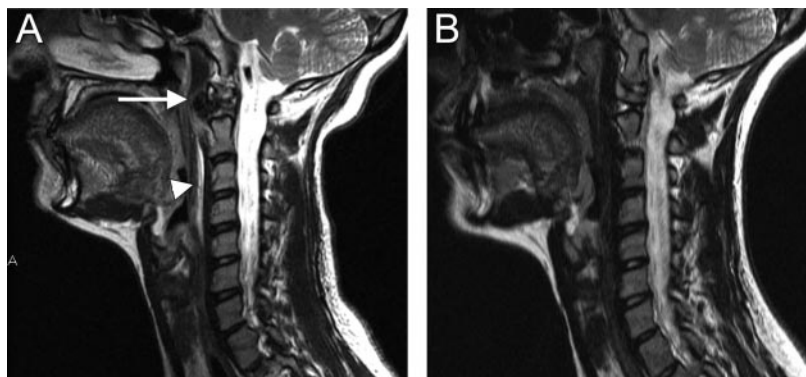
Unusual cause of acute neck pain with nuchal rigidity

A 36-year-old woman presented with sudden, severe neck pain and odynophagia. On examination, she was alert and afebrile with marked nuchal rigidity and tenderness to palpation over the posterior neck. Pharyngoscopy was normal. MRI showed calcification of the C1 to C2 longus coli tendon and prevertebral fluid from C1 to C4 (figure, A).

Calcific retropharyngeal tendonitis^{1,2} causes acute or subacute neck pain that can be mistaken for more ominous diagnoses such as cervical spine fracture, retropharyngeal abscess, meningitis, or neoplasm. It is typically self-limited, resolving over days to weeks (figure, B).

This patient received steroids and analgesics, and her symptoms resolved by day 8.

Figure MRIs



T2-weighted MRI (A) revealed abnormal thickening and hypointensity of the longus colli tendon anterior to C1 and C2 (arrow) consistent with calcification. There was an associated prevertebral fluid collection extending from C1 to C4 (arrowhead). These findings were consistent with calcific retropharyngeal tendinitis. Follow-up T2-weighted MRI (B) showed resolution of the above changes.

A.N. Leep Hunderfund, MD, C.E. Robertson, MD, M.L. Bell, MD, D.J. Busby, MD, T.F. Koehler, MD, and S.P. Ireland, MD, Rochester, MN (A.N.L.H., C.E.R.), and Bend, OR (M.L.B., D.J.B., T.F.K., S.P.I.)

Disclosure: The authors report no disclosures.

Address correspondence and reprint requests to Dr. Steven Ireland, Neurology of Bend, 2421 NE Doctors Drive, Bend, OR 97701; spireland@bendbroadband.com

1. Jimenez S, Millan JM. Calcific retropharyngeal tendinitis: a frequently missed diagnosis. *J Neurosurg Spine* 2007;Jan 6:77–80.
2. Kupferman TA, Rice CH, Gage-White L. Acute prevertebral calcific tendinitis: a nonsurgical cause of prevertebral fluid collection. *Ear Nose Throat J* 2007;86:164–166.

Neurology®

Calcific retropharyngeal tendinitis: Unusual cause of acute neck pain with nuchal rigidity

A. N. Leep Hunderfund, C. E. Robertson, M. L. Bell, et al.

Neurology 2008;71;778

DOI 10.1212/01.wnl.0000324917.44950.8b

This information is current as of September 2, 2008

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/71/10/778.full
References	This article cites 1 articles, 0 of which you can access for free at: http://n.neurology.org/content/71/10/778.full#ref-list-1
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): All Clinical Neurology http://n.neurology.org/cgi/collection/all_clinical_neurology All Pain http://n.neurology.org/cgi/collection/all_pain MRI http://n.neurology.org/cgi/collection/mri
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

