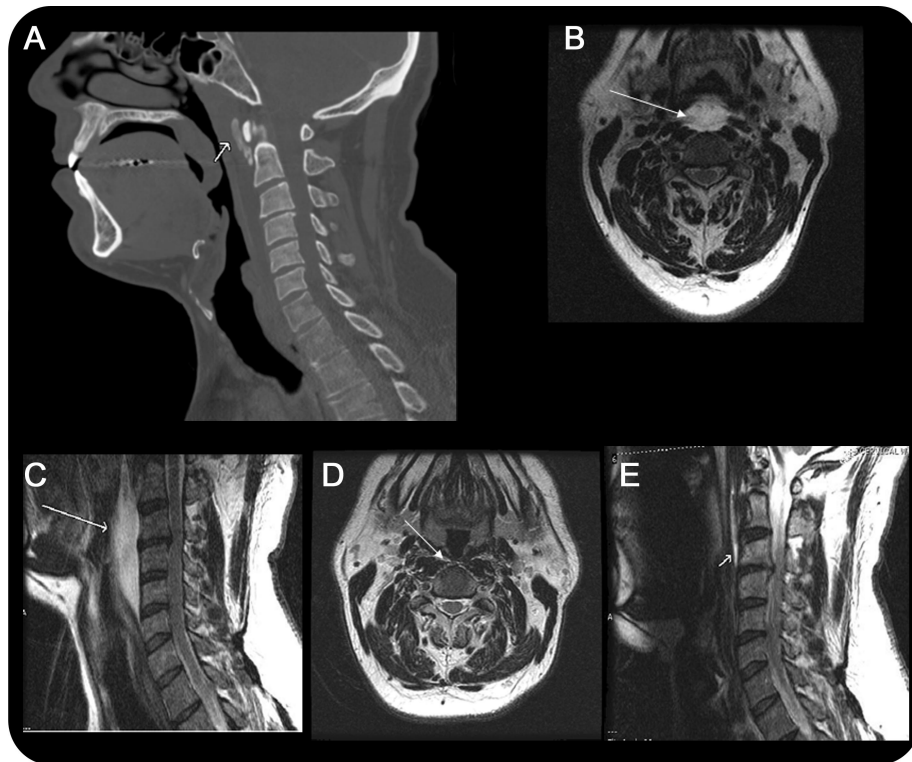


Teaching NeuroImages: Acute calcific tendinitis of longus colli mimicking meningismus

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Figure Imaging



Cervical CT (A) and MRI, T2 axial and sagittal views (B, C), showing calcification and effusion in retropharyngeal space; effusion improved with nonsteroidal anti-inflammatory agents in 4 weeks (D, E).

A 45-year-old man presented with 4 days of occipital headache, fever, and neck pain. Examination revealed neck stiffness. Kernig's and Brudzinski's signs were absent. Head CT was unremarkable. Cervical CT and MRI revealed calcification in retropharyngeal space with soft tissue swelling and effusion (figure). CSF analysis was normal. Abscess was excluded by direct needle aspiration. He was prescribed nonsteroidal anti-inflammatory agents. Repeat MRI in 1 month revealed significant improvement (figure 1). Acute calcific tendinitis of longus colli muscle is

diagnosed by calcification anterior to C1–C2 and prevertebral soft-tissue swelling.^{1,2} Recognition of this benign condition can prevent unnecessary invasive tests.

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