Prevertebral Calcific Tendinitis of the Longus Colli – A Case Report

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ABSTRACT

Prevertebral calcific tendinitis of the longus colli is a rare inflammatory non-infectious condition that may mimic retropharyngeal abscess. It is caused by deposition of calcium hydroxyapatite into the prevertebral tendons of the longus colli muscles. This may evoke an intense inflammatory response that may lead to retropharyngeal effusion mimicking abscess. We report a case of calcific tendinitis of the longus colli muscles mimicking a retropharyngeal abscess. The longus colli muscles are paired flexors of the neck in the cervical fascia, which is the posterior boundary of the fat and lymph node containing retropharyngeal space. Acute retropharyngeal effusion may cause an effusion which could be misdiagnosed as a retropharyngeal abscess. Our patient presented with a three day history of worsening neck pain and stiffness, and dysphagia. He had intense pain on swallowing and with any neck movements. He had been taking ibuprofen regularly with minimal relief of his symptoms. He denied any history of chronic, headache, photophobia, changes in vision, or respiratory difficulty. He denied any prior upper respiratory infections, prodromal symptoms, or trauma to the neck.

INTRODUCTION

Prevertebral calcific tendinitis of the longus colli is a rare inflammatory non-infectious condition that may mimic retropharyngeal abscess. It is caused by deposition of calcium hydroxyapatite into the prevertebral tendons of the longus colli muscles. This may evoke an intense inflammatory response that may lead to retropharyngeal effusion mimicking abscess. Our patient presented with a three day history of worsening neck pain and stiffness, and dysphagia. He had intense pain on swallowing and with any neck movements. He had been taking ibuprofen regularly with minimal relief of his symptoms. He denied any history of chronic, headache, photophobia, changes in vision, or respiratory difficulty. He denied any prior upper respiratory infections, prodromal symptoms, or trauma to the neck.

METHODS

We report a case of calcific tendinitis of the longus colli muscles mimicking a retropharyngeal abscess. The longus colli muscles are paired flexors of the neck in the cervical fascia, which is the posterior boundary of the fat and lymph node containing retropharyngeal space. Acute retropharyngeal effusion may cause an effusion which could be misdiagnosed as a retropharyngeal abscess. Our patient presented with a three day history of worsening neck pain and stiffness, and dysphagia. He had intense pain on swallowing and with any neck movements. He had been taking ibuprofen regularly with minimal relief of his symptoms. He denied any history of chronic, headache, photophobia, changes in vision, or respiratory difficulty. He denied any prior upper respiratory infections, prodromal symptoms, or trauma to the neck.

Case Presentation

A 56-year-old man presented to the emergency department with a three day history of gradually worsening odynophagia, nuchal rigidity, and neck pain. He had intense pain on swallowing and with any neck movements. He had been taking ibuprofen regularly with minimal relief of his symptoms. He denied any history of chronic, headache, photophobia, changes in vision, or respiratory difficulty. He denied any prior upper respiratory infections, prodromal symptoms, or trauma to the neck.

His past medical and surgical history was noted for diverticulitis, allergic rhinitis, gastroesophageal reflux disease, and prior septoplasty and sinus surgery. His social history was negative for smoking, alcohol, and drug use. He worked as an office manager and did not work with minimal neck strain. He was sterile and his vital signs were within normal limits. He was found to have an obvious swelling and/or collection of an inflammatory effusion in the retropharyngeal space. The patient was taken to the operating room for literature review.

Axial contrast neck CT soft tissue window demonstrating calcification of longus colli (arrow) and retropharyngeal effusion mimicking abscess. Given the lack of any other signs or symptoms suggestive of infection and the CT findings, the likely diagnosis was prevertebral calcific tendinitis. Because the patient-reported failure to improve with one non-steroidal anti-inflammatory medication of modest dosage and the patient’s incision site was tender to touch, the patient was taken to the operating room for literature review.

Calcific tendinitis also known as hydroxyapatite deposition disease most commonly manifests in the tendons of the rotator cuff muscles and can be the cause of up to 7% of patients with shoulder disease. Calcific tendinitis of the longus colli muscles is rare to occur in the longus colli muscles of the neck. Calcific tendinitis (also known as hydroxyapatite deposition disease) most commonly manifests in the tendons of the rotator cuff muscles and can be the cause of up to 7% of patients with shoulder disease. Calcific tendinitis of the longus colli muscles is rare to occur in the longus colli muscles of the neck. Calcific tendinitis of the longus colli muscles is rare to occur in the longus colli muscles of the neck.

REFERENCES