

Longus Colli Tendinitis

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None reported.

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A 44-year-old woman presented with a 4-day history of posterior neck pain with associated odynophagia. She denied any previous neck pain, trauma, or upper respiratory infections. Examination revealed bilateral posterior neck pain with decreased active and passive range of motion and tenderness with movement of the hyoid bone. Soft tissue neck radiograph revealed prevertebral soft tissue swelling (image A), and a computed tomography scan depicted calcification of the longus colli muscle (image B). The patient was subsequently discharged home on anti-inflammatory medication and was encouraged to follow up with her primary care physician.

Longus colli tendinitis was first described in 1964 and is probably underdiagnosed because of nonspecific patient complaints.¹ Patients present with subacute to acute neck pain, limitation

of motion, and odynophagia.² Although a cervical radiograph of the enlarged retropharyngeal space can indicate longus colli tendinitis, it may not show subtle calcification in the tendon.² Definitive diagnosis is made with computed tomography depicting a calcium deposit in the longus colli.² Conservative treatment with oral nonsteroidal anti-inflammatory drug therapy is recommended.² (doi:10.7556/jaoa.2014.040)

References

1. Horowitz G, Ben-Ari O, Brenner A, Fliss DM, Wasserzug O. Incidence of retropharyngeal calcific tendinitis (longus colli tenditis) in the general population. *Otolaryngol Head Neck Surg.* 2013;148(6):955-958. doi:10.1177/0194599813482289.
2. Paik NC, Lim CS, Jang HS. Tendinitis of the longus colli: computer tomography, magnetic resonance imaging, and clinical spectra of 9 cases. *J Comput Assist Tomogr.* 2012;36(6):755-761. doi:10.1097/RCT.0b013e318269880c.

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