A 42-year-old woman presenting with severe neck pain visited our hospital. She was slightly feverish and the range of motion of the cervical spine was extremely limited. No leukocytosis was detected; however, her C-reactive protein was positive. Computed tomography (CT) of the neck showed calcification anterior to C1-C2 (Picture 1, 2; arrows), and the patient was diagnosed with retropharyngeal calcific tendinitis (RCT). She was treated with nonsteroidal anti-inflammatory drugs and her symptom improved the next day.

RCT is defined as inflammation of the longus colli muscle caused by the deposition of calcium hydroxyapatite. It is a rare disease and commonly affects adults between 30 and 50 years of age (1). Prevertebral calcifications at C1-C2, occasionally with soft-tissue swelling, detected by CT is the gold standard for the diagnosis (2). The differential diagnosis included diseases with the manifestation of severe neck pain, such as meningitis, cervical disc herniation, retropharyngeal abscess, crowned dens syndrome, etc. Crowned dens syndrome, which is an acute pseudogout of the neck, is characterized by the calcification of periodontoid articular tissues with the distinctive appearance of a crown-like configuration around the odontoid process on CT.

Since RCT is benign and sometimes self-limiting, a greater awareness of this disease is needed in order to avoid unnecessary invasive diagnostic tests and interventions.

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References