Acute Non-calcific Retropharyngeal Tendinitis

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A 47-year-old woman with trismus, posterior auricular tenderness and right-ward torticollis due to severe neck pain without a fever presented to our hospital. Computed tomography (CT) revealed neither calcification nor swelling of the soft tissue (Picture 1). Retropharyngeal abscess was excluded, and a further examination by magnetic resonance imaging (MRI) showed prevertebral effusion at the C2-5 level (Picture 2). Thus, a diagnosis of retropharyngeal tendinitis was made, and her symptoms promptly improved with loxoprofen after two days. Retropharyngeal tendinitis is also known as calcific tendinitis of the longus colli muscle and presents with various symptoms, including acute neck pain,
torticollis and trismus. The pathology is assumed to be induced by the deposition of calcium hydroxyapatite (1). CT is the gold standard for detecting this key finding and differentiating retropharyngeal tendinitis from other disease; however, some patients may lack calcification. In such cases, MRI can provide a clue to the diagnosis (2). The present case reminds us of the possibility of retropharyngeal tendinitis without calcification.

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References


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