

Longus colli calcific acute tendinitis: typical features with distinct imaging modalities

Tendinite calcificada aguda do *longus colli*: características típicas com métodos de imagem distintos

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A 54-year-old male patient complained of recent acute onset of severe neck pain and stiffness. MR revealed a retropharyngeal effusion and edematous infiltration of the longus colli (Figure 1). Radiographs and CT demonstrated calcifications anterior to C1-C2 (Figure 2). The patient shortly recovered after treatment with corticosteroids.

Tendinitis of the longus colli, also known as retropharyngeal tendinitis, is a rare nonsurgical condition caused by intratendinous deposition of hydroxyapatite calcium^{1,2,3}. Although CT may easily depict the pathognomonic calcification, it is important to recognize this benign disease with MR, because this is frequently becoming the first imaging modality for suspected spinal disease^{3,4,5}.

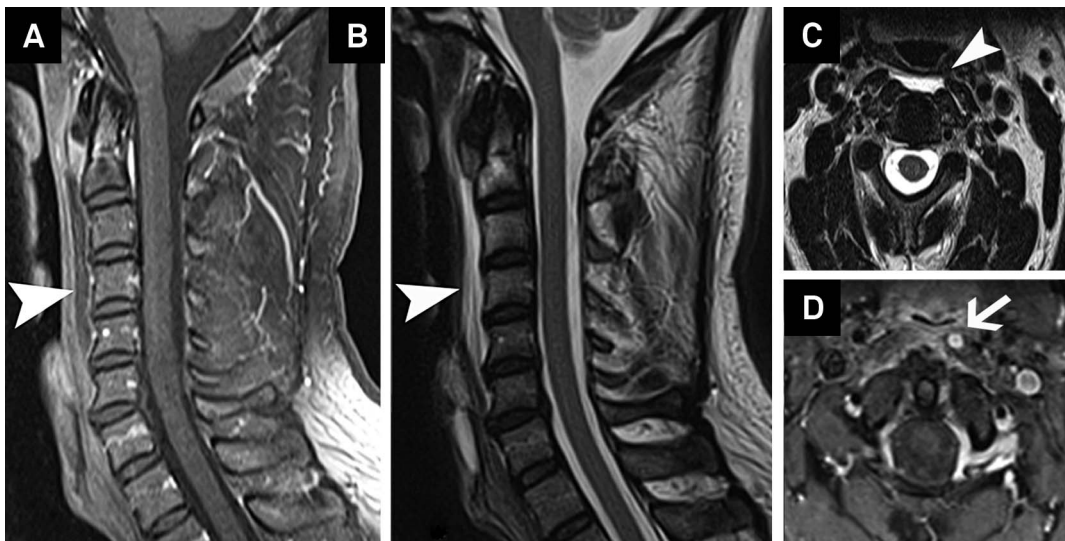


Figure 1. (A) MR exhibits typical findings of acute calcific prevertebral tendinitis. T1-enhanced and (B and C) T2-weighted images demonstrate enhancement and edematous infiltration of the prevertebral soft tissues anterior to C1-C2, as well as a retropharyngeal effusion extending from C2 to C6 (arrowheads); and (D) A focus of gadolinium-enhancement is depicted in the left superior oblique fibers on the longus colli muscle (arrow).

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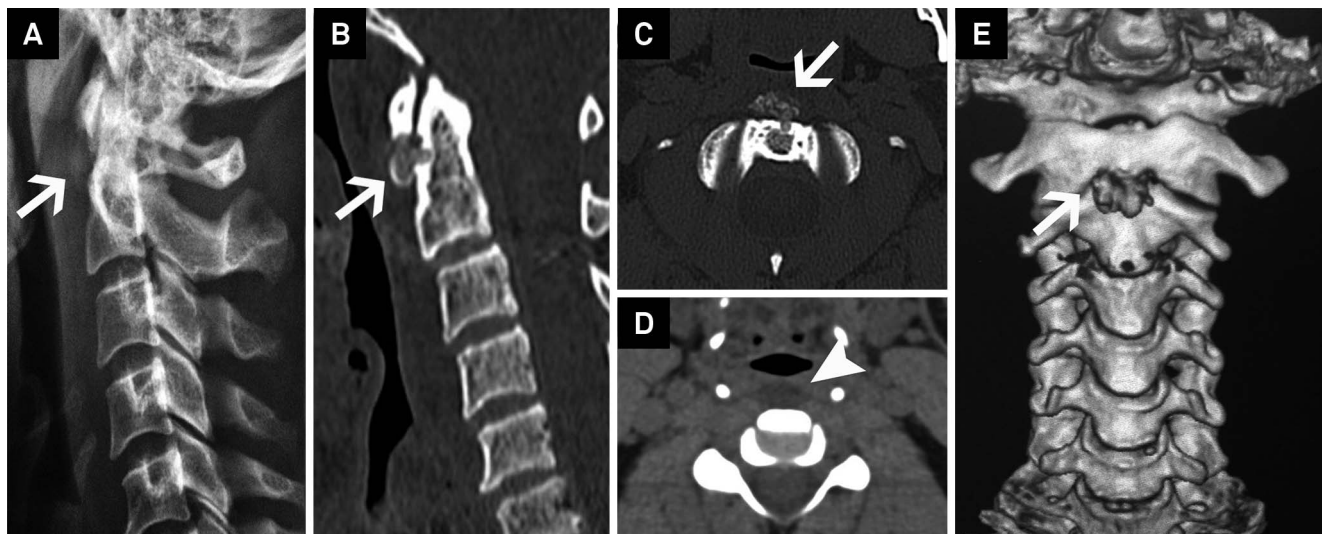


Figure 2. (A) Lateral radiography and (B and C) reformatted CT demonstrate an amorphous calcification (arrows) beneath the anterior arch of C1 and a slight intra-osseous migration with cortical erosion in the anterior margin of C2; (D) Note effacement of the prevertebral tissues, as well as a retropharyngeal effusion (arrowhead); and (E) A 3D bone reconstruction exhibits the pathognomonic calcification (arrow).

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