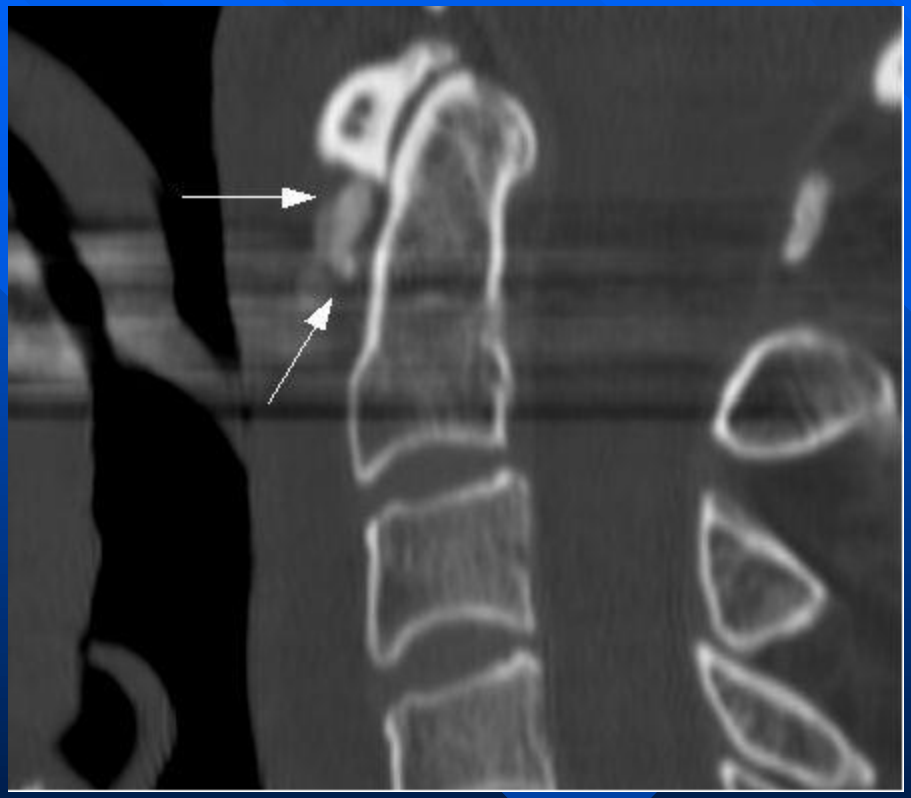
Acute Calcific Longus Colli Tendonitis

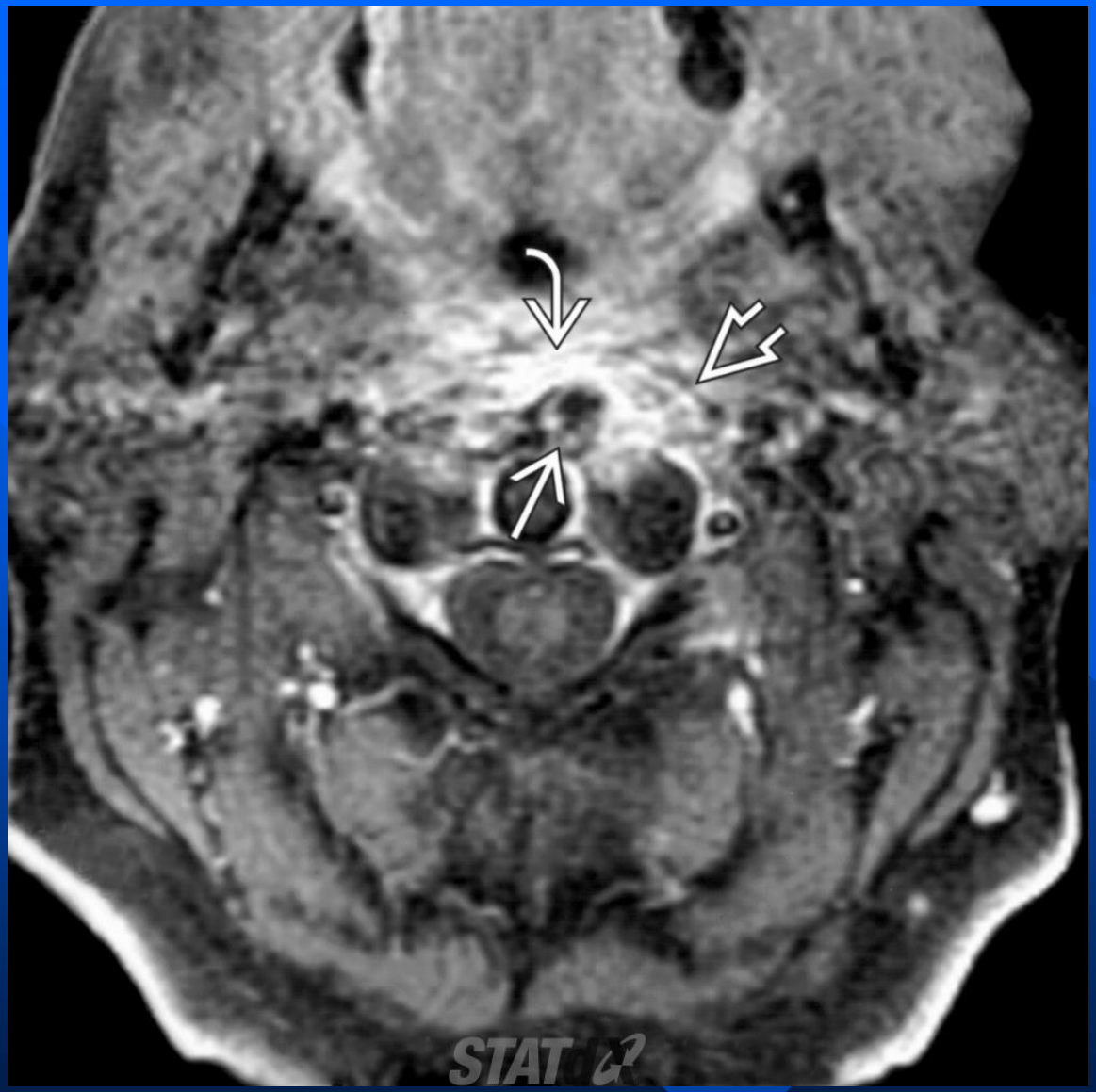
- Retropharyngeal acute calcific tendinitis.
- Uncommon cause of retropharyngeal collections or edema.
- Importance of this self-limiting disease lies in the differentiation from other more dangerous pathologies like retropharyngeal abscess
- Pathognomonic finding consists of calcific (non osseous) density within the prevertebral soft tissues, typically at the C1-C2 level as well as associated soft tissue swelling.
- Presumed etiology is deposition of hydroxyapatite crystals with secondary inflammatory tendonitis

Axial T2 MR reveals extensive edema (white open arrow) in retropharyngeal space associated with longus colli tendonitis. Fluid is anterior to the prevertebral muscles (white curved arrow) posteriorly and posterior to pharyngeal mucosal space.

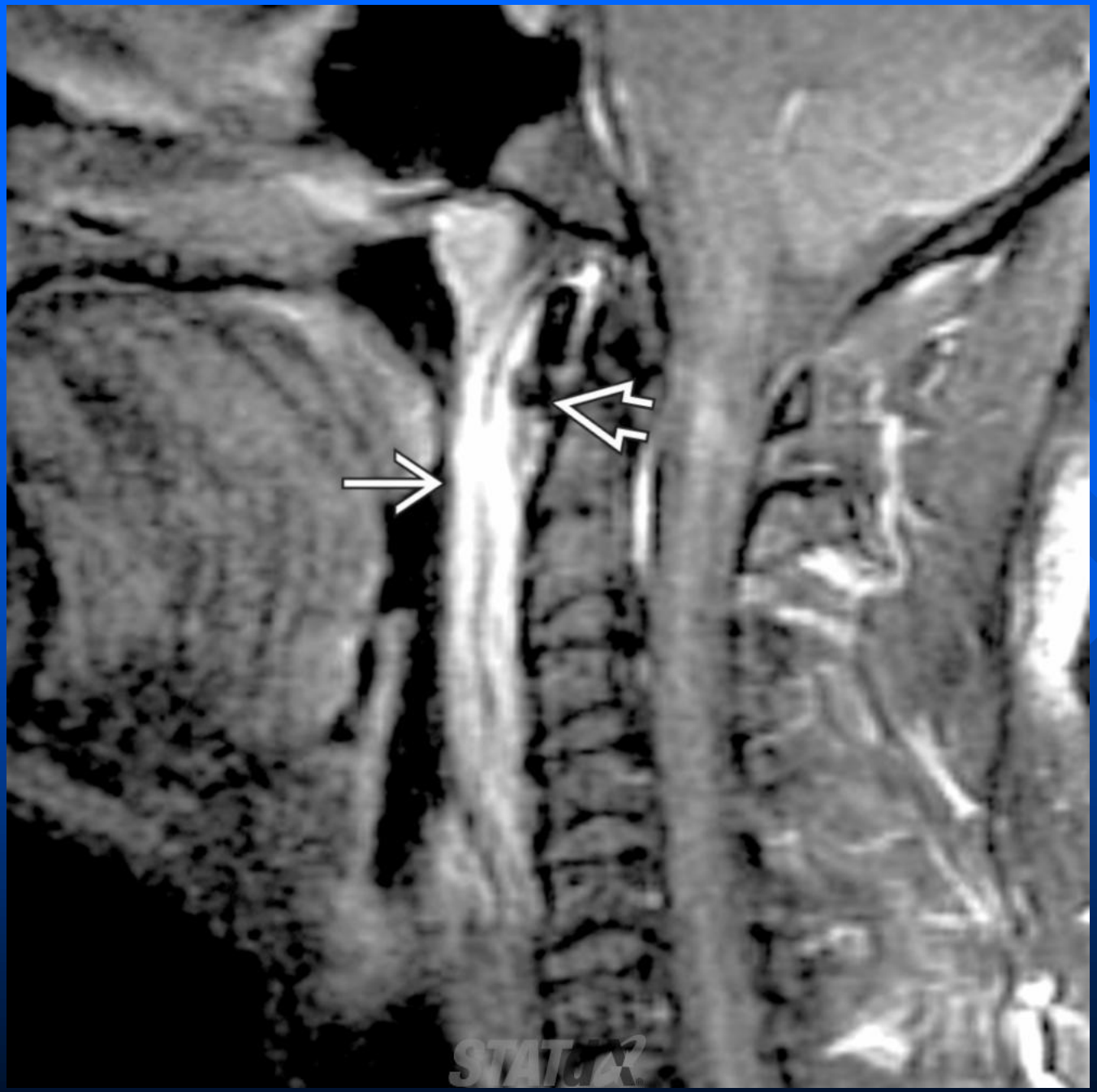
Retropharyngeal effusion associated with acute calcific tendinitis of the tendons of the longus colli muscles

Cont





Axial T1 C+ FS MR demonstrates focal low signal intensity representing calcification (white solid arrow), longus colli muscle enhancement (white open arrow), and enhancing inflammatory change in retropharyngeal space (white curved arrow).



Sagittal T1WI C+ MR in a patient with longus colli tendonitis shows diffuse enhancement of inflamed longus colli muscle & adjacent soft tissues (white solid arrow). Note hypointense calcification (white open arrow) just inferior to anterior arch of C1.