A 36-year-old woman presented with sudden, severe neck pain and odynophagia. On examination, she was alert and afebrile with marked nuchal rigidity and tenderness to palpation over the posterior neck. Pharyngoscopy was normal. MRI showed calcification of the C1 to C2 longus colli tendon and prevertebral fluid from C1 to C4 (figure, A).

Calcific retropharyngeal tendinitis\(^1,2\) causes acute or subacute neck pain that can be mistaken for more ominous diagnoses such as cervical spine fracture, retropharyngeal abscess, meningitis, or neoplasm. It is typically self-limited, resolving over days to weeks (figure, B).

This patient received steroids and analgesics, and her symptoms resolved by day 8.

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**Figure**

T2-weighted MRI (A) revealed abnormal thickening and hypointensity of the longus colli tendon anterior to C1 and C2 (arrow) consistent with calcification. There was an associated prevertebral fluid collection extending from C1 to C4 (arrowhead). These findings were consistent with calcific retropharyngeal tendinitis. Follow-up T2-weighted MRI (B) showed resolution of the above changes.

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Calcific retropharyngeal tendinitis: Unusual cause of acute neck pain with nuchal rigidity
A. N. Leep Hunderfund, C. E. Robertson, M. L. Bell, et al.
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