

## Longus Colli Calcific Tendinitis

Hemang Kotecha, DO

### *Background:*

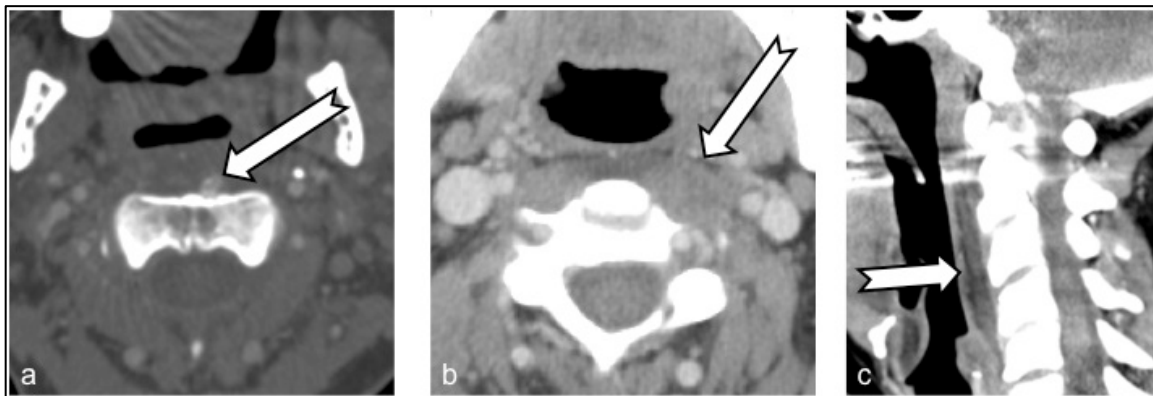
- Deposition of calcium hydroxyapatite crystals in the longus colli tendon
- May be secondary to systemic or local metabolic disturbances

### *Clinical Presentation:*

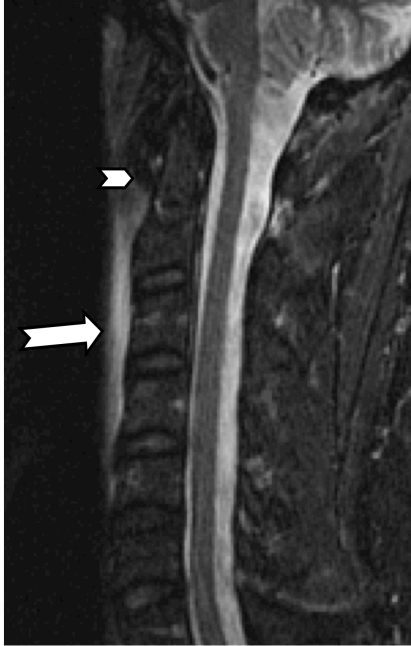
- Neck pain and limited range of motion
- Pain or difficulty with swallowing
- Leukocytosis, elevated inflammatory markers, and fever

### *Imaging:*

- Calcification and soft tissue swelling in the prevertebral space, usually C1-C3
- CT is the best modality for detecting calcification



**Fig 1. CT Findings.** Axial contrast-enhanced images depict amorphous calcifications anterior to C2 (a) as well as thickening and decreased attenuation of the longus colli muscle belly (b). Sagittal image (c) in the same patient demonstrates and elongated prevertebral fluid collection without peripheral enhancement.



**Fig 2. MRI findings.** Sagittal STIR sequence depicts globular low-signal calcification (arrowhead) anterior to the dens and associated prevertebral edema (arrow).

*Differential Diagnosis:*

1. Retropharyngeal abscess
2. Cervical osteomyelitis
3. Diffuse idiopathic skeletal hyperostosis
4. Calcium pyrophosphate deposition disease
5. Gout
6. Hemodialysis arthropathy
7. Tumoral calcinosis

*Treatment:*

- Self-limiting disease that usually resolves in 1-2 weeks
- Conservative management with NSAIDs +/- neck immobilization for symptomatic relief

*References*

- Crim JR, Ross, JS. Longus Colli Calcific Tendinitis. <https://my.statdx.com/document/longus-colli-calcific-tendinitis/80782e1a-6695-4a4e-b6a3-af64130784a9> Accessed August 10, 2016.
- Ea HK et al: Diagnosis and clinical manifestations of calcium pyrophosphate and basic calcium phosphate crystal deposition diseases. *Rheum Dis Clin North Am.* 40(2):207-29, 2014