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Acute calcific longus colli tendinitis: When is a retropharyngeal abscess not an abscess?

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Acute Calcific Longus Colli Tendinitis (ACLCT) is an uncommon and benign cause of neck pain in which calcium hydroxyapatite deposition in the longus colli tendon is postulated to induce acute inflammation of the longus colli muscle tendon insertion. The condition is typically self-limiting and usually resolves with conservative measures such as simple analgesia and anti-inflammatories. Being able to differentiate between ACLCT and more serious causes of neck pain including retropharyngeal abscess is important to avoid unnecessary interventions including surgery. Here we present a case report of a healthy 53-year-old patient who presented with 1 day of neck stiffness and dysphagia. He had unremarkable blood work and was hemodynamically stable. A Computed Tomography (CT) scan was performed which was reported as a retropharyngeal abscess. A Magnetic Resonance Imaging (MRI) scan of the neck was then ordered, as the patient appeared to well to have a retropharyngeal abscess. The MRI demonstrated changes consistent with ACLCT. The patient was commenced on a non-steroidal anti-inflammatory and discharged the following day.

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