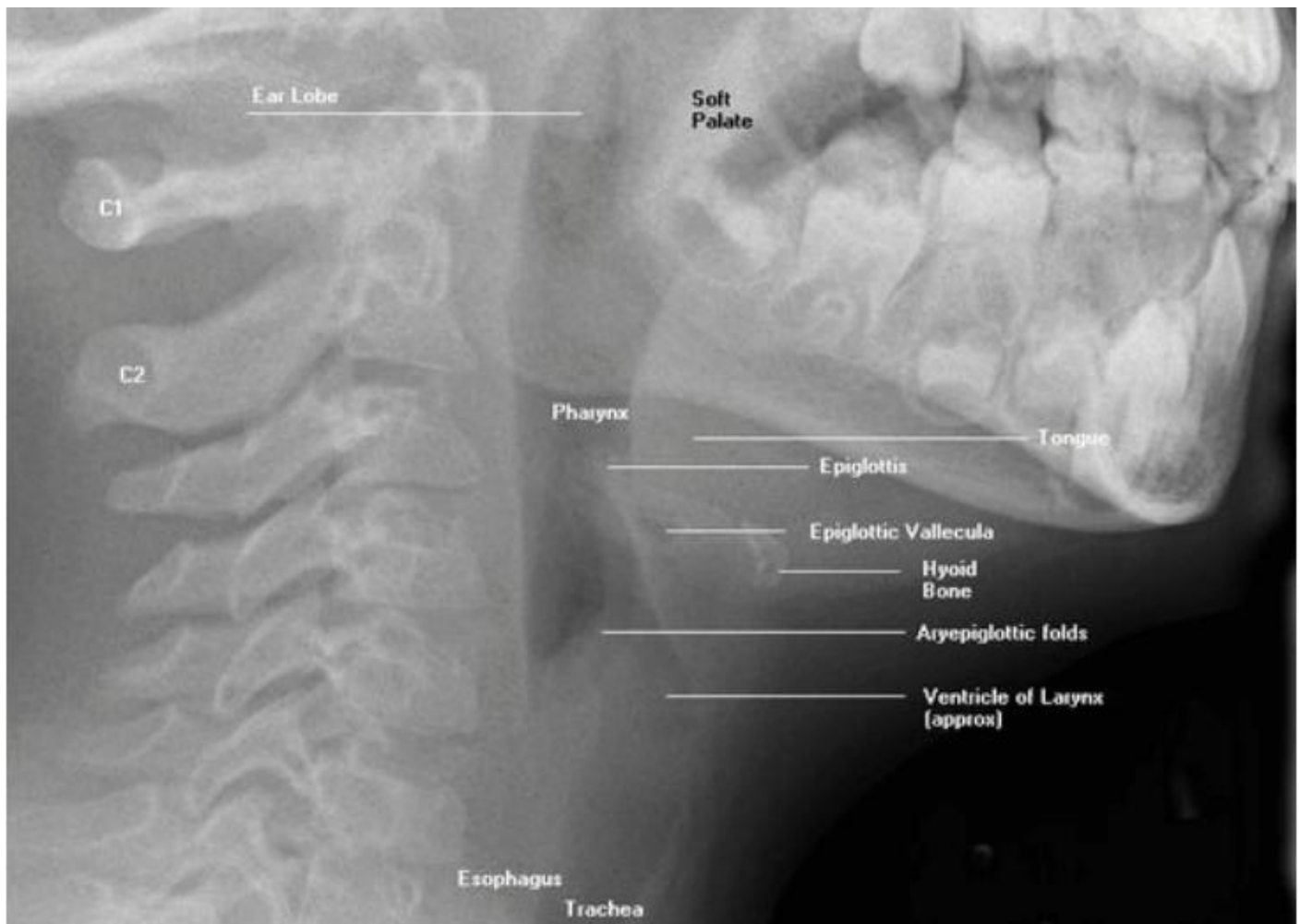


NECK SOFT TISSUE IMAGING

Soft tissue neck x-rays are can be difficult to interpret due to the relative complexity of the anatomy and the variability of its appearance due to calcification.



Interpretation

Quality: the neck must be extended and the x-ray taken in end-expiration (a flexed neck falsely widens the soft tissues).

Cervical spine: loss of lordosis is seen in injury, soft tissue infections and oesophageal foreign bodies.

Prevertebral soft tissue shadow (*):

- Widening (<1/3 vertebral width above C4, < full width below C4)
- Air-fluid level
- Subcutaneous emphysema

Epiglottis: large, thumb-like epiglottis in epiglottitis.

Air column: narrowing, foreign body.

Hyoid bone and laryngeal cartilage ossification: carefully assess these as they may hide a radiopaque foreign body.



Above: obstructing food bolus

- Loss of cervical lordosis
- Oesophageal distension
- Air-fluid level



Above: retropharyngeal abscess following traumatic intubation

- Loss of cervical lordosis
- Widened prevertebral soft tissues
- Surgical emphysema



Above: impacted bone

- Loss of cervical lordosis
- Oesophageal foreign body (black arrow)
- Swelling of the prevertebral soft tissues (white arrow)



Above: retropharyngeal abscess

- loss of cervical lordosis
- widening of the prevertebral soft tissues