Retropharyngeal haematoma is a rare entity with fatal repercussions, given its rapid progression towards airway obstruction. There are several factors involved in its aetiology.

Clinically, it may manifest as cervical pain, odynophagia, dysphonia and dyspnoea. A clinical triad has been described, composed of subcutaneous redness in the anterior neck and upper thorax, tracheal and esophageal compression and ventral displacement of the trachea.

Treatment depends on the size, location and clinical course of the patient, with the prognosis being good when it is diagnosed and treated quickly.

We report the case of a 45-year-old female, without relevant medical history, who attended the Emergency Service due to intense pain on swallowing, with an evolution of several hours. The only datum that she referred was undergoing a cervical MRI in cervical hyperextension 10 days before the onset of symptoms.

Physical examination was unremarkable. A fiberoptic laryngoscopy revealed a slight bulging of the posterior pharyngeal wall and arytenoid with preserved glottic space. A CT scan was performed, revealing an intense
retropharyngeal haematoma that reached the level of C5–C6 (Figs. 1 and 2).

Since the patient was stable and presented no dyspnoea, we chose a conservative treatment with intravenous antibiotic therapy and steroids under close observation, awaiting spontaneous resolution (Fig. 3). The outcome was favourable and did not require surgical intervention.

The monitoring of such patients should be strict, given that alarm symptoms of airway involvement usually begin after around 12–48 h, and intubation or even tracheotomy is sometimes required.