

CLINIPICS

Congenital Torticollis

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Congenital Torticollis (CT) often occurs in those children who develop sternomastoid tumor (a benign condition) in neonatal period, which is a hard swelling in the substance of one of the sternomastoid muscle. It gradually involutes and disappears spontaneously without requiring any treatment. But it leaves varying degrees of fibrosis resulting in contracture of the muscle, leading to tilting of the neck on the ipsilateral side. If the tumor is diagnosed early and physiotherapy by stretching exercises is commenced early, the development of CT can be avoided in majority of children. But often tumor is missed, physiotherapy is frequently inadequate and parents may not even notice a tilted neck. The result is that the patient presents late with several changes in the face, and neck, termed 'facial hypoplasia', and 'plagiccephaly' in the shape of ipsilateral flat skull. In late and neglected cases eyesight may also be affected.

If conservative treatment has failed, surgery should be performed as soon as possible after the age of one year to avoid permanent sequel. After surgery a harness or a cervical collar should be worn for some months and physiotherapy continued. The patient may be difficult to be mask ventilated and to be positioned optimally for intubation.

Surgery entails division of contracted sternomastoid muscle, prevertebral shrunken fascia and connective tissue. This can be done in three places, e.g. behind the ear, middle part of the sternomastoid or more commonly just above the sternum and clavicle.



Figure 1: Preoperative appearance of the child with congenital torticollis



Figure 2: Preoperative X-rays of spine showing compensatory kyphosis and scoliosis



Figure 3: Positioning with a cotton roll under the upper chest



Figure 4: Postoperative appearance after corrective surgery