



PAEDIATRIC ACUTE CARE GUIDELINE

Torticollis

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this DISCLAIMER
<http://kidshealthwa.com/about/disclaimer/>

Torticollis

- The term torticollis (*or wry neck*), from the Latin for "twisted neck", refers to a characteristic position where the head is held tipped to one side with the chin rotated toward the other
- It is a physical sign, not a condition, and can be caused by a wide range of problems

Background

Can be divided into 2 groups:

1. Torticollis Present at Birth

Muscular torticollis:

- Due to fibrosis and shortening of one of the sternocleidomastoid muscle, secondary to either abnormal intrauterine positioning of the head or birth trauma
- In birth trauma, bleeding into the body of the muscle causes a mass which can be seen and felt (sternomastoid "tumour") which undergoes fibrosis and shortening, resulting in the typical head position
- Treatment usually involves physiotherapy with gentle passive stretching exercises and positioning of the baby in their cot to encourage looking toward the affected side
- Rarely surgical release is necessary to prevent secondary plagiocephaly

Congenital vertebral abnormalities:

- In cases where birth trauma was unlikely and no sternomastoid mass can be felt, cervical spine X-Rays (AP and lateral) should be done to look for bony abnormalities before any manipulation is done

2. Torticollis in a Previously Unaffected Child

- Most cases are benign caused by minor muscle trauma, or inflammation and spasm secondary to a nearby inflammatory process
- Trauma may have been so minor that a particular event may not be recalled. More significant trauma may result in subluxation, dislocation or fracture of cervical vertebrae, or fracture of a clavicle
- If history of significant trauma, immobilise in C-spine hard collar - see [Cervical Spine Trauma guideline](#)
- Any inflammatory process in the area can cause torticollis, including URTI's, cervical lymphadenitis, dental abscess, retropharyngeal abscess, or upper lobe pneumonia
- Dystonic drug reactions may sometimes present as torticollis
- An uncommon, but serious cause of torticollis is a tumour of the posterior fossa or spinal cord - perform a full neurological examination

Investigations

- If infective or inflammatory thought to be unlikely or if there is a history of trauma, cervical spine X-Rays should be taken
- Neurological examination should be performed

Management


- Muscular torticollis in infants can be managed with physiotherapy
- Where minor trauma or muscular spasm is thought to be the cause, the patient can be treated symptomatically (analgesic and anti-inflammatory - e.g. Ibuprofen) and followed up by GP
- Infection should be treated with appropriate antibiotics if thought to be bacterial +/- referral to specialist team (e.g. ENT)
- If no cause found, treat symptomatically but will require close follow up

Tags

abscess, c-spine, dental, dystonic, infection, inflammation, lymphadenitis, neck, neck pain, neck stiffness, posterior fossa, retropharyngeal, spasm, spinal, sternocleidomastoid muscle, sternomastoid, torticollis, trauma, tumor, twisted neck, vertebrae twisted, wry, wry neck

This document can be made available in alternative formats on request for a person with a disability.

File Path:	
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department

Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	10 March, 2015	Version:	
Last Reviewed:	17 November, 2015	Review Date:	17 November, 2017
Approved by:	Dr Meredith Borland	Date:	17 November, 2015
Endorsed by:	Medical Advisory Committee	Date:	17 November, 2015
Standards Applicable:	NSQHS Standards: 		
Printed or personally saved electronic copies of this document are considered uncontrolled			