

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. Broadly, it can be divided into two groups.

1. TORTICOLLIS PRESENT AT BIRTH

- a) **Muscular torticollis** - this is due to fibrosis and shortening of one sternocleidomastoid muscle, secondary either to abnormal intrauterine positioning of the head, or to birth trauma. In the latter case, bleeding into the body of the muscle causes a haematoma which can be seen and felt (sternomastoid “tumour”). This undergoes fibrosis and shortening, resulting in the typical head position. Treatment involves physiotherapy with gentle passive stretching exercises, and positioning of the baby in its cot to encourage looking toward the affected side. Rarely, surgical release is necessary to prevent secondary plagiocephaly.
- b) **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 and are caused by minor muscle trauma, or inflammation and spasm of the muscle 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.
- 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.

Management:

- Where minor trauma or an infective/inflammatory cause is thought to be the cause, the patient can be treated symptomatically (analgesic and anti-inflammatory, eg. Ibuprofen) and can be followed up by their GP. Infection should be treated with appropriate antibiotics if thought to be bacterial. A soft collar may provide symptomatic relief.
- If the above causes are unlikely, or if there is a history of trauma, cervical spine X-rays should be taken in consultation with an orthopaedic surgeon, and a careful neurological examination should be performed. If a cause is still not found, the child can be treated symptomatically, but requires close follow up.