CASE REPORT

# Torticollis

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**ABSTRACT** We report a case of 12 years old girl with acquired torticollis caused by juvenile rheumatoid arthritis. The main complaint are the head inclined to the right and the pain of the right neck. We established the working diagnosis based on the history and typical clinical pictures. After having physiotherapy and drug therapy with acetosal, the patient become better with the head and neck is in normal condition again. The importance is to treat cases of torticollis as soon as possible, before there is a contracture of the muscles of the neck. **[Paediatr Indones 1995; 35:110-112]**

## Introduction

Torticollis or wryneck describes a tilting of the neck and head towards one shoulder, where the head flexion is to same side of affected side and rotation of the head to the opposite side.[1] This maybe the result of irritative, mechanical, or neurological lesions,[2] or by soft tissue contraction involving the sternocleidomastoid muscle and its sheath, and rarely by some underlying congenital anomaly of one or more of the cervical vertebrae. In most cases in infants torticollis is caused by a tumor-like thickening of the sternocleidomastoid muscle and is frequently preceded by a breech delivery.[3]

There are two types of torticollis, congenital torticollis (infantile torticollis) and acquired torticollis (spasmodic torticollis) which are caused by inflammation like rheumatoid arthritis, trauma, neurologic, and drug reactions.[4]

The aim of this paper is to report one case of spasmodic torticollis caused by juvenile rheumatoid arthritis in a 12 years old Indonesian girl.

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## Case Report

A 12-year old Indonesian girl was admitted to Pediatric Division of Tembakau Deli Hospital, Medan on April 6, 1994, with the chief complaint of pain on the right neck and the head inclined to the right starting from five days prior to admission. At first the pain and the inclined head were not clear. The pain was exaggerated when she looked to the right. Several weeks before she had fever and pain on right knee. The history of trauma was denied.

She was delivered spontaneously, aided by midwife at home, on March 18th, 1982. Birth weight was 3700 gram and birth length 48 cm. She was the third of five siblings, the siblings were healthy. Her father was 43 years old, worker, and her mother was 37 years old, house-wife.

Physical examination showed an Indonesian girl, 12 years old, with body weight of 39 kg and body height of 137 cm; the temperature was 37,9°C. The general condition was good, no anemia, no jaundice, no dyspnea, and no edema.

The head was tilted to the right. Eye examination disclosed normal external eye and normal light reflexes. The ears, nose and mouth were normal. The neck was tilted to the right, painful on movement; there was no palpable mass.

The chest was normally shaped, symmetrical, and no evidence of retraction. The heart rate was 80 per minute, regular; while the respiratory rate was 24 per minute, regular. Heart and lungs examination disclosed no abnormality.

The abdomen was soft. The liver and spleen were not palpable. On auscultation the peristaltics were normal.

Examination of the extremities disclosed painful on movement of the right knee, but there was no signs of arthritis. The physiological reflexes were normal, and there was no pathological reflexes.

The laboratory findings showed hemoglobin content of 12 g/dl, the blood sedimentation rate was 15 mm/hour, the white blood cell count was 9000/µl with normal differential count.

Rontgenographic of head and neck.

The patient was put on aspirin 500 mg 3 times daily, and she was consulted to the Physiotherapy Division of Tembakau Deli Hospital, for physiotherapy treatment. The physiotherapy of the head and neck was performed every 2 days regularly. After 6 times of physiotherapy and two weeks therapy with acetosal, the head and neck was not tilted anymore and was in normal position; the patient could rotate her neck without pain.

## Discussion

In infantile torticollis the clinical pictures shortly after birth are not clear, where the infant holds his or her head at an angle, or that there is a firm swelling on one side of the neck. Palpation reveals the typically olive-shaped, firm tumour in the lover third of the sternocleidomastoid muscle.[5] The head is inclined towards the affected side, but the face looks towards the op posite side, and the chin is rotated and rised towards the opposite shoulder.[8]

In severe and long-established cases there is retarded development of the face on the affected side, the forehead ap-

pears flattened and the axes of the eyes are rotated.[2]

The important diagnostic features are the history, typical clinical pictures, and laboratory examination.[2,4]

Treatment consist of physiotherapy, either postural or active, which is designed to strecth and elongate the affected sternocleidomastoid muscle.[1,2] In the congenital torticollis if it persist until the second year of life the shortened muscle is divided at its sternal and clavicular origin by the small operation (tenotomy). And after the operation the patients wears a light plastic collae for a number of weeks to accustom he or she to the normal new position of head.[7] For acquired torticollis the treatment are physiotherapy and depending on the underlying disease.[8]

The prognosis of infantile torticollis generally is good, when the treatment has be done on the first year of life. When it persists until the second year of life, the prognosis is not good. If the operation is carried out in time, the secondary deformities of the face and spine disappear spontaneously.[1,3,5]

The diagnosis of torticollis is based on the history of the disease, and typical clinical pictures.[2,4] In this patient the clinical pictures were clear with inclined of the neck and the head to the right; there were no the history of trauma. Physical examina-tion supported the diagnosis of acquired torticollis.

The underlying condition in this case was juvenile rheuma-toid arthritis (acquired torticollis=spasmodic torticol- lis).[8]

The treatment consists of physiotherapy and depending on underlying disease.[1,2]

In this case, the treatment are active physiotherapy and acetosal as a analgetic drug for rheumatoid arthritis. After 6 times of physiotherapy and several days with drug therapy, the patient showed improvement. She could look to the posterior without pain on her neck.

The prognosis of this patient is good, because the treatment is soon started and also determined by the underlying disease.[1,3,5]

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