

Torticollis

Connecticut Pediatric Otolaryngology

Torticollis is a condition in which the head is tilted to one side. The word comes from the Latin derivative 'torta' meaning twisted and 'collum' meaning neck. Torticollis may occur for a number of reasons and can be either congenital or acquired.

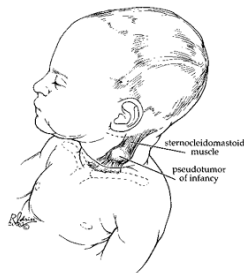
Congenital Muscular Torticollis

- **Congenital** - present at birth
- **Muscular** - affecting the muscles
- **Torticollis** - literally means 'twisted neck'

Congenital muscular torticollis is a condition in which an infant's neck muscle is shortened causing the neck to twist. It is also referred to as pseudo tumor of infancy or 'wry neck'. It affects about 2 percent of newborns. About 8 percent of babies born with torticollis will also have other problems such as hip dislocation. This condition is almost always diagnosed during a child's first year.

This condition may occur following a difficult delivery if the sternocleidomastoid muscle is stretched or torn. This can cause bleeding and bruising within the muscle, which in turn results in the development of fibrosis (scar tissue) within the muscle. The fibrosis causes shortening and tightening of the muscle, pulling the infant's head to one side. A lump (muscle fibrosis) can sometimes be felt or seen on the side of the neck.

Occasionally, congenital muscular torticollis occurs because of a defect in the sternocleidomastoid muscle, or because of an abnormal fetal position in the uterus.



Acquired Torticollis

The cause of acquired torticollis is usually unknown, but it can occur as the result of neck trauma or inflammation. Children with acquired torticollis will hold their head to one side and are reluctant to move it due to pain. It is generally most painful to move their head to the opposite side. The neck muscles on the affected side may be tender to touch.

Torticollis may also present due to brain and spinal cord abnormalities or a vision problem.

Treatment

It is very important that any child with torticollis be evaluated by a health care provider to ensure appropriate diagnosis and treatment.

Frequent changes in your child's position are recommended. For example:

- Attempt to interact with your child on the side where neck movement is limited.
- Alternate the end of the crib in which you place your baby to sleep.
- Alternate the position on the changing table.
- Place toys on the side of the stroller, swing, crib or infant seat where neck rotation is most limited.
- Supervised tummy time.

Neck-stretching exercises for torticollis are recommended. These exercises should be performed with each diaper change, or at least 5 times daily, until your child's neck has a normal range of motion. In some situations, physical therapy will be recommended.