

TORTICOLLIS

Contracture (shortening) of the sternocleidomastoid (SCM) muscle results in torticollis, a condition in which the head is tilted toward the side with the shortened muscle and the chin rotated toward the opposite side. The condition is more common in girls than boys.

Causes

The sternocleidomastoid muscle develops abnormal swelling shortly after delivery for reasons that are not clear. The swelling results in shortening or stiffness of the muscle. Many cases are associated with a difficult, prolonged delivery, particularly a breech delivery.

The deformity may become visible at 2-3 weeks of age. A lump may be felt at the lower end of the SCM muscle and persists for a month or two. The lump may enlarge and then gradually disappear in two to six months.

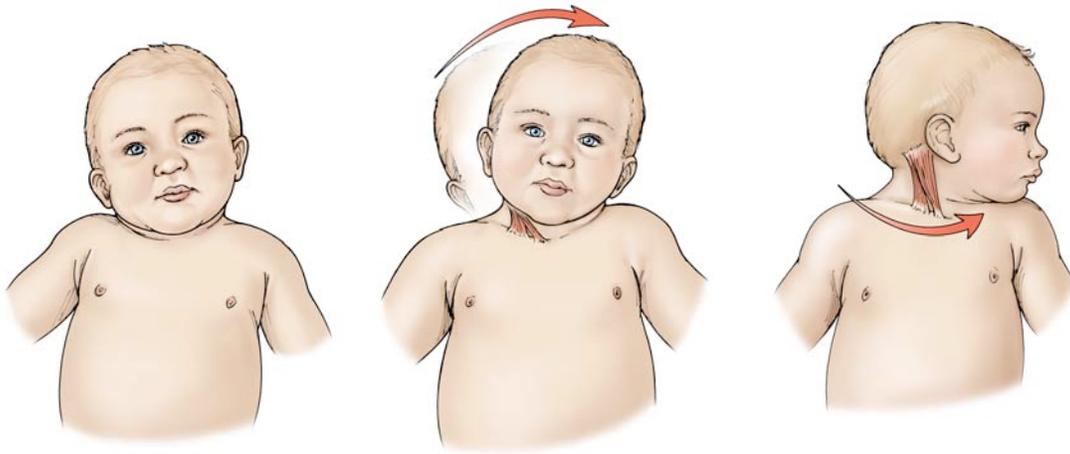
The head is usually rotated and neck motion is restricted.



If the contracture is not treated at a young age, deformity of the face or head may occur. The infant usually prefers to sleep with the affected side of the face down. This may result in flattening of the face on that side. As the infant grows, the flattening may worsen. Children who are positioned on their backs to sleep may develop flattening of the opposite side of the skull.

Treatment

1. Cervical spine (neck) x-rays will be obtained to rule out any bony abnormality.
2. In most children the contracture will resolve with a good stretching program. Passive stretching by the parents of the contracted SCM muscle should be started during the first six months. First, the head is bent so that the ear on the side opposite the shortened muscle is brought to the shoulder, then the head is rotated so that the chin approaches the shoulder of the opposite side. It is important to hold the muscle stretched to the count of 10. These exercises should be done 15-20 times and 4-6 times daily. Encourage the infant to turn his head to the affected side by holding toys on that side and talking to him from that side.



3. Botulinum toxin has been injected into the muscle in certain selected cases to assist in relaxing the muscle.
4. Surgery is indicated when the torticollis does not respond to vigorous stretching and is still evident at one to three years of age. The muscle is lengthened surgically and the child is placed in a cast or soft neck brace postoperatively for 3-4 weeks.



2660 10th Avenue South • POB 1 • Birmingham, AL 35205 • 205-933-8588

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