A Rare Cause Of Torticollis

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INTRODUCTION:

Grisel syndrome is a non-traumatic atlantoaxial rotational subluxation associated with inflammatory condition of the head and neck region occur in children¹. It is caused by inflammation causing increased elasticity of structures crossing the atlantoaxial complex. Diagnosis is based on clinical and radiological findings. We report a rare presentation of Grisel syndrome.

REPORT:

The patient was a healthy 6 year old girl presented with two week history of sudden and progressive painful neck stiffness and tilting. The symptoms started after she woke up from sleep. The stiffness of the neck became worsening within few days that made her head tilted to the right side. She also had upper respiratory tract infection 2 days before the onset of the symptoms. Otherwise no history of trauma preceded the event. On physical examination, the head was deviated to right side with restricted range of motion. Neurological and systemic physical examinations were unremarkable. Erythrocyte sedimentation rate was 33 while C-reactive protein was normal. Xray cervical showed rotation of the head at atlantoaxial level and CT cervical asymmetric portion of the lateral masses and bilateral lymphadenitis with absent of retropharyngeal abscess. The patient was then treated with headhalter traction with weight 1kg and was started on antibiotic and muscle relaxant. Upon completion of 6 weeks of antibiotic the symptoms resolved with MRI showed symmetrical atlanto-axial distance.



Figure 1 : Anteroposterior (AP) and Lateral view of X-ray cervical



Figure 2: CT image of atlanto-axial complex-Axial and Coronal views

CONCLUSION:

Grisel syndrome should be taken into consideration in case of acute torticollis post infection of head and neck region without history of trauma in paediatric age group. Early detection of atlantoaxial subluxation, antibiotic and antispasmodic may hasten the recovery.

REFERENCES:

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