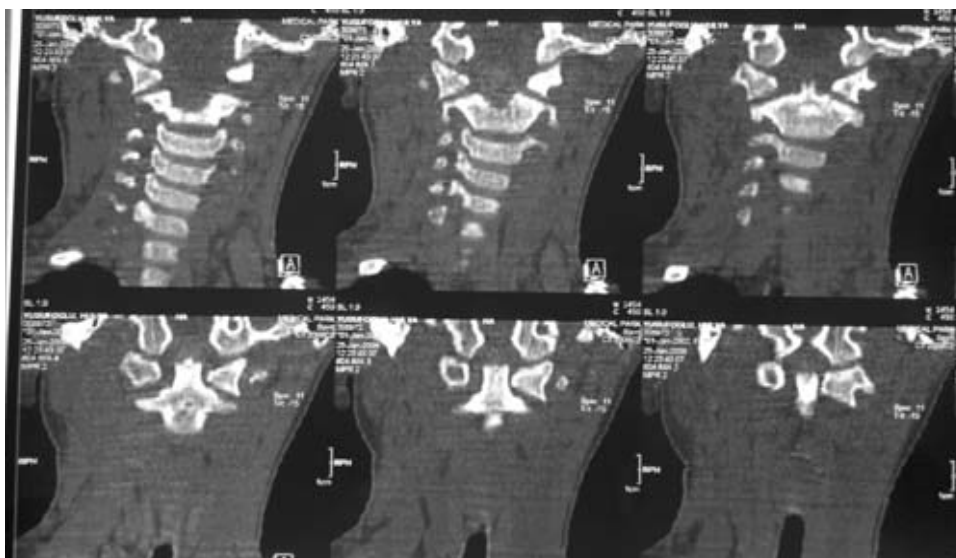


ACQUIRED TORTICOLLIS RELATED TO ATLANTOOCIPITAL SUBLUXATION FOLLOWING SERVICAL BURN

SABRİYE DAYI*
KUDRET TÜREYEN**

A 5-year old girl was seen in the clinic because of limited servical movements. There was a history of burn with hot water a month ago. A teapot on the shelf was turned accidentally, burning the neck of the child. Her family noticed a day later that she had limited cervical movements that did not change during the sleep. The physical examination showed only a mild skin color change due to burn. No tightness of the sternocleidomastoid muscle or skin contracture was observed. She had limited movements of the neck.

Fortunately her burn was not severe and improved totally without any scar. Several physicians suspected the symptoms to be conversion reaction and suggested psychotherapy for the acquired torticollis. Since her torticollis continued during sleep and no tightness of the sternomastoid muscle and skin contracture were observed, cervical computerized tomography (CT) was prescribed. The CT findings showed atlantooccipital subluxation (Figure 1). Following neck color for a month duration, her symptoms improved as of the CT findings.



*From Department of Pediatric Surgery, Medical Park Hospital, Bursa, Turkey.

**From Department of Neurosurgery, Medical Park Hospital, Bursa, Turkey.

DISCUSSION

Many causes of torticollis in childhood have been recorded. The most common cause of torticollis is congenital tightness and shortening of one sternocleidomastoid muscle of that side. Torticollis occurs in about 0.4 % of all births (1). Atlantoaxial subluxation has been reported after tonsillectomy (2). Following inflammatory conditions of the neck, including retropharyngeal abscess, there would rarely be a symptom of acute lymphoblastic leukemia (3,4).

It should be remembered that acquired torticollis may be related to subluxation, and if it is not treated early, operation may be required (5,6).

Atlantooccipital subluxation (AOS) may be observed in up to 63% of patients with Down's syndrome (7). Torticollis was most likely occurred in the patient of this study due to sudden neck movement during burn.

REFERENCES

1. Beasley S: *Torticollis in Grosfeld JL, O'Neill JA (eds): Pediatric Surgery. Philadelphia, PA, Mosby Elsevier, 2006,p 875-881.*
2. Bedi HS, Angliss RD, Williams SA, Connely DP: *Torticollis*

following adenotonsillectomy. Aust N Z J Surg 1999; 69: 63

3. Muniz AE, Belfer RA: *Atlantoaxial rotary subluxation in children. Pediatr Emerg Care 1999; 15: 25*

4. Luerssen TG: *Central Nervous System Injuries in Grosfeld JL, O'Neill JA (eds): Pediatric Surgery. Philadelphia, PA, Mosby Elsevier, 2006, p368*

5. Suback BR, McLaughlin MR, Albright AL, Pollack IF: *Current management of pediatric atlantoaxial rotatory subluxation. Spine 1998; 23: 2174*

6. Rahimi SY, Stevens EA, Yeh DJ, Flannery AM, Choudhri HF, Lee MR: *Treatment of atlantoaxial instability in pediatric patients. Neurosurg Focus 2003 Dec 15; 15(6): ECP1*

7. Trumble ER, Myseros JS, Smoker WR, Ward JD, Mickell JJ: *Atlantooccipital subluxation in a neonate with Down's syndrome. Case report and review of the literature. Pediatr Neurosurg 1994; 21(1): 55-8.*

Correspondence:

Sabriye Dayı

Medical Park Hastanesi

Haşim İşcan Caddesi,

Fomara Meydanı No:1 Osmangazi

Bursa, TÜRKİYE.

e-mail: sabriyedayi@yahoo.com