



Congenital Muscular Torticollis

Congenital muscular torticollis results when the sternocleidomastoid (SCM) muscle (i.e., the muscle that runs from the base of the neck, at the level of the collarbone, to the base of the skull behind the ear) is shortened or tightened on one side. This occurs most frequently on the right side of the neck. In some torticollis cases, there is a palpable mass in the muscle.

Torticollis may result from the child's position in utero or trauma to the muscle. In most cases, however, the cause is unknown. The cases we see at Gillette Children's Specialty Healthcare often are referred to as postural torticollis. The infants have all the clinical features of torticollis, but no palpable mass in the SCM muscle.

Torticollis is a common condition that can be present at birth or develop as a result of other problems. It usually is discovered in the first six to eight weeks of a child's life. Twenty percent of children with congenital muscular torticollis also have congenital hip dysplasia.

Treatment often is needed to prevent deformities of the face and head as the child grows. It should begin soon after the diagnosis is made. A shortened or tightened muscle on one side of the neck can cause infants to hold or turn their heads consistently in one direction, even when lying down. Over time, that can cause deformational plagiocephaly, a condition in which a baby's head is flattened on one side. Sometimes plagiocephaly is diagnosed before torticollis.

Therapy, which may include stretching exercises, is usually effective in treating torticollis. Generally, the fibrous mass disappears within several months. However, surgery is sometimes needed.

If you have questions or concerns about torticollis, please call the Outpatient Clinic at Gillette Children's Specialty Healthcare at (651) 229-3890.

Based in part on information from: Lovell and Winter's Pediatric Orthopaedics, 3rd edition edited by Raymond Morissey, Vol. 2, P. 728-737. J.P. Lippencott, 1990.