

Congenital Muscular Torticollis (Twisted Neck)

Congenital muscular torticollis, also called twisted neck or wryneck, is a condition in which an infant holds his or her head tilted to one side and has difficulty turning the head.

In congenital torticollis, the muscle that extends down the side of the neck - the sternocleidomastoid muscle -- is tight and shortened. For most babies, stretching exercises and simple changes in how the infant is held or positioned will gradually lengthen the muscle and correct the problem.

Description

Congenital muscular torticollis is present at birth or develops soon after. It is usually discovered in the first 6 to 8 weeks of life, when a newborn begins to gain more control over the head and neck.

Some babies with congenital torticollis also have developmental dysplasia of the hip, a condition in which the head of the thighbone is not held firmly in the hip socket.

Torticollis can also develop later in infancy and in childhood. This type of torticollis is referred to as "acquired" torticollis and may be associated with a variety of conditions that require specialized treatment. Acquired torticollis is not discussed in this article.

[Top of page](#)

Cause

The cause of congenital muscular torticollis is unknown, however, it may be related to abnormal positioning (breech position, for example) or "crowding" of the baby while in the uterus. This results in an injury to the neck muscle that scars as it heals. The amount of scar in the muscle determines how tight the muscle is.

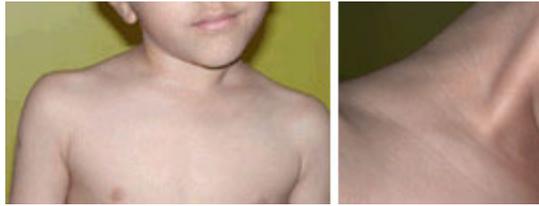
Having tighter space in the uterus is more common for first-born children, who are more likely to have torticollis, as well as hip dysplasia.

There is no known prevention of congenital muscular torticollis.

[Top of page](#)

Symptoms

- The head tilts to one side and the chin points to the opposite shoulder. In 75% of babies with torticollis, the right side of the neck is affected.
- Limited range of motion in the neck makes it difficult for the baby to turn the head side to side, and up and down.
- During the baby's first few weeks, a soft lump may be felt in the affected neck muscle. This lump is not painful and gradually goes away before the baby reaches 6 months of age.
- One side of the face and head may flatten because the child always sleeps on one side.



A young child with a right-sided congenital muscular torticollis. Notice how the face turns away from the tight muscle.

Courtesy of Texas Scottish Rite Hospital for Children

[Top of page](#)

Doctor Examination

If you notice that your child holds his or her head tilted to one side, consult your pediatrician. He or she will discuss your child's general health, as well as ask specific questions about the torticollis symptoms.

Your doctor will perform a comprehensive physical examination and check for other conditions that can cause torticollis symptoms. Imaging tests, such as x-rays and ultrasound scans, may be taken of your child's neck and/or hips.

[Top of page](#)

Treatment

Nonsurgical Treatment

The standard treatment for congenital muscular torticollis consists of an exercise program to stretch the sternocleidomastoid muscle.

Stretching exercises include turning the baby's neck side to side so that the chin touches each shoulder, and gently tilting the head to bring the ear on the unaffected side down to the shoulder.

These exercises must be done several times a day. Your doctor or a physical therapist will teach you how to perform the exercises.

There are other options that can help. Position toys where your baby has to turn his or her head to see them. Carry your child so that he or she looks away from the limited side. Position the crib so that your child must look away from the limited side to see you outside the crib.

Surgical Treatment

If nonsurgical options do not correct the torticollis, your doctor may suggest surgery.

Approximately 10% of children with congenital muscular torticollis require surgery. The operation is typically scheduled once the child reaches preschool years. The procedure will lengthen the short sternocleidomastoid muscle, and may be done as an outpatient surgery, meaning your child could go home the same day.