



A CASE REPORT ON TORTICOLLIS WITH CERVICAL LYMPHADENITIS

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ABSTRACT

Torticollis (wry neck, or loxia) is one of a broader type of disorders that exhibit flexion, expansion, or twisting of muscles of the neck ahead of their normal position. Cervical lymphadenitis is enlarged, inflamed, and tender lymph node(s) of the neck. An enlarged tender node or nodes in the **cervical** area, frequently accompanied by fever, rhinorrhea, nasal congestion, erythematous pharynx and/or tonsils, facial swelling, and torticollis. A 9 year old male patient was admitted in the paediatric department with h/o swelling above right neck associated with pain, h/o difficulty in turning head for 1 day. Past medication history include patient has swelling for past 15 days and got treatment in private hospital, swelling size decreased in between

and gradually increased to present size. The therapeutic management done for this patient include intravenous antibiotic Injection Amoxicilline Clavulanate, anti inflammatory drugs including Tablet Acetaminophen and Diclofenac gel. After few days of therapeutic management patient got cured. According to the patient condition evaluated that it is a mild type of acute torticollis and by therapeutic management patient overcome the condition, no need of any surgical drainage for the patient. Hence if the condition exist for 2-5 days then it can be cured by antibiotic management. Early diagnosis and treatment can avoid future complications.

KEYWORDS: Swelling, Torticollis, children, cervical lymphadenitis.

INTRODUCTION

Torticollis is a atypical musculoskeletal disorder results from shortening or excessive contraction of the sternocleidomastoid (SCM) muscle.^[1] Acquired torticollis usually results from inflammatory processes of the cervical muscles, nerves, or vertebral synovia.^[2] Torticollis evolved from Latin word *tortus* (*twisted*) and *collum* (*neck*) was defined by Tubby in 1912 as a malformation, hereditary or acquired, characterized by leaning of the head to the shoulder, with torsion of the neck and variation of the face.^[1] Retropharyngeal abscesses and upper respiratory tract infections are the two most common infections associated with torticollis.^[3] Cervical lymphadenitis is enlarged, inflamed, and tender lymph node(s) of the neck; even though, "lymphadenitis" refers to inflamed lymph nodes, the terms "lymphadenitis" and "lymphadenopathy" often are used interchangeably.

CASE REPORT

A 9 year old male child presented with neck swelling over right neck for past 15 days associated with pain. H/o throat pain and complaints of difficulty in turning head. Family history include his elder sister suffered from Recurrent respiratory tract infection, TB lymphadenitis, pleural effusion was died one year before. Patient got complaints of torticollis past one day before keeping his head flexed towards left side.

In general examination found multiple small size nodes tenderness and neck flexed to left side. The physical examination found blood pressure 112/76 mmHg, body temperature 36.2°C, pulse rate 97 beats/min, and respiratory rate 24/min. Detailed neurological examination found everything normal. Her laboratory data were as follows: white blood cell count (WBC) $8.9 \times 10^9/L$, neutrophils 45.2%, erythrocyte sedimentation rate (ESR) 25 mm/hr. X ray neck and CT neck found normal for this patient. The disease has improved gradually with antibiotic treatment by Amoxicilline clavulanate 1.25 gm IV, gastric protectant Inj. Ranitidine, Diclofenac gel, Tab. Acetaminophen, IVF DNS were the other medications given for the patient. Patient evaluated for the remaining days and found that swelling has gradually decreased and later examined cervical nodes began to thicken which shows cervical lymphadenitis and after treatment it got gradually decreased. Cervical spine traction was not necessary since the torticollis has been resolved after 5 days with the antibiotic management.

DISCUSSION

Torticollis (wry neck) is one of a broader type of disorders that exhibit flexion, extension, or twisting of muscles of the neck beyond their typical position. Inflammatory conditions of the upper respiratory tract and neck are common result in the unilateral muscle spasm responsible for the head position. Less common etiologies consist of cervical adenitis, osteomyelitis, tuberculosis, and upper lobe pneumonia.^[2] Acute torticollis can be occurred by many different conditions. No specific cause is found occasionally. Trauma or injuries to the cervical spine or neck muscles often result in spasm of the muscles, might lead to the twisting of the head, are the characteristic of torticollis. Another cause is the infection of head or neck. These infections can lead to an inflammatory torticollis secondary to inflamed glands and lymphnode. Retropharyngeal abscess; is a collection of pus in the tissues in the back of the throat causes cervical pain, swelling, contracture of the neck, and in rare cases inflammatory torticollis, all of which result from an inflammatory process that irritates the cervical muscles, nerves or vertebrae.^[3]

Inflammatory torticollis (stiffness, rigidity, and torsion) is usually caused by swollen lymph nodes due to external injuries or cold but the causes remain unclear in many cases. Among that mild cases can be cured by a few days' rest; But, when the symptoms fail to improve, neck traction may be needed.^[3] Here report a case of Toticollis with cervical lyphadenitis. The etiologic diagnosis is based on clinical suspicion and CT scan investigation, imaging techniques; in this case toticollis with cervical lymphadenitis diagnosed by clinical examination, on the otherhand CT scan, X ray of neck found normal for this. Other than that in CNS examination, spinal accessory nerve examination found difficulty in moving head to the opposite side. Inflammation was confirmed by ESR level which got elevated up to 45 mm/hr. In these cases, the outcome was good under antibiotic treatment, intravenous fluid management and anti inflammatory drugs. Surgical exploration is not recommended. In fact, a 2002 survey showed that 22% of practitioners believe that surgical drainage is always appreciated, but 31% that willingly introduce probabilistic antibiotherapy. Some authorities maintain that as long as the inflammation of retropharyngeal lymph nodes remains at the stage of lymphadenitis without abscess, drainage of pus by incision is not necessary. Also, antibiotic therapy alone is considered in cases of retropharyngeal cellulitis or retropharyngeal small abscess when there is no risk to compromise the upper airway according to the journal Acute febrile torticollis in youth: clinical investigation and current management Naouar Ouattassi1, &, Mohammed Chmiel1 et al. Although simple cases can be cured within a few

days of rest, some authors suggest cervical spine traction when torticollis does not reduced within few days of intravenous antibiotic therapy.^[4] In this case patient condition got cured with 5 days of intravenous antibiotic therapy and anti inflammatory management.

CONCLUSION

Torticollis can be symptomatic life-threatening condition. Failure to recognize serious underlying pathology or structural deformity may delay proper treatment(5). To exclude serious illness undergo vital signs assessment, systemic examination, and neurological evaluation in a careful and systematic manner. Early diagnosis and treatment can prevent future complications.

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