Case of the Week

7-YEAR-OLD GIRL SUCCESSFULLY TREATED FOR 'RIGID TORTICOLLIS'

A seven-year-old female presented with 'rigid torticollis' with head tilted on the right side and chin tilted towards the left side. The child had undergone two surgeries before visting Apollo Hospitals Navi Mumbai. At 6 months of age, the family noticed a lump on the right side of neck, which gradually started increasing in size. When the family visited a local hospital for the same, they were told it is a non-growing swelling and will eventually go away. However, the condition worsened with neck tilt increasing significantly. At 9 months of age, she was operated elsewhere and swelling was excised. Her neck tilt became better but only to re-appear within 3 months and the swelling also recurred. The child underwent a second surgery done elsewhere to excise the sternocleidomastoid lump again at 15 months age, and the patient's head and chin tilt were restored to normal again. Ten days after this surgery, the child fell down and suffered injuries to head and face. Although the child recovered in two weeks but the head and chin tilt worsened again and this time it became significantly worse. The family gave up any hope of getting better and did not seek and medical intervention.

The patient was then brought to Apollo Hospitals Navi Mumba after 5 and a half years with the last hope of any rectification. She was refused any intervention by multiple hospitals citing high risk. At presentation child's head was completely fixed and tilted (Image 1). There was no movement at all. MRI/ CT scan imaging showed a bony bar extending from Clavicle to Mastoid (Image 2). After taking into consideration the multiple factors, a multidisciplinary team made a detailed multi-stage surgery plan.

Stage/ Procedure 1 – The skin was incised over previous scar from mastoid to clavicle. The bony bar was exposed and excised layer by layer after detaching from mastoid. The mass was also detached from clavicle and the tight and contracted sternomastoid fibres were excised. Complete release of contracted fibres was achieved with help of plastic surgery team from carotid sheath anteriorly to vertebral artery posteriorly. The incision was closed and partial correction of tilt was immediately achieved. (Image 3) A Paediatric Halo was applied. Post-surgery, she was admitted to the PICU and a halo gravity traction was given gradually correcting the deformity over next 3 weeks (Image 4). After correction a CT scan was repeated to understand the anatomy of CV Junction better which was completely obscured earlier by the sheer magnitude of deformity. There was a Atlanto-axial subluxation. The right lateral mass of the Atlas was hypoplastic causing subluxation of the right atlantoaxial joint and aberrant vertebral artery on right side.

Stage/ Procedure 2: Occipitocervical Fixation and Stabilization with autologous bone grafting - was performed. And the halo gravity traction was converted to Halo Vest. The child remained in Halo Vest for 3 months. (Image 5)

Stage/ Procedure 3: The Halo Vest was removed after 3 months and the bracing was changed to a cervical collar and physiotherapy was started. The child's deformity was significantly better and she was doing physiotherapy regularly. (Image 6)

Case of the Week

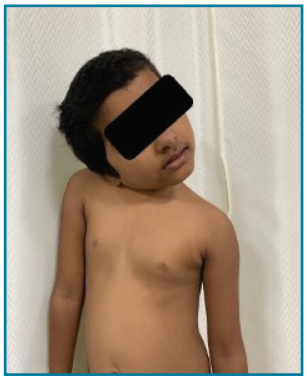

Image 1

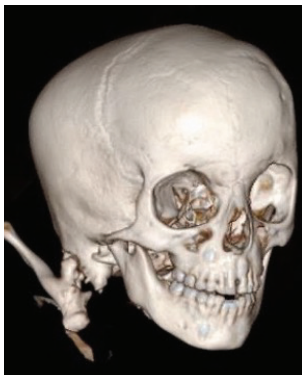

Image 2

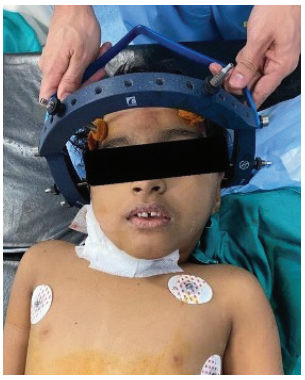

Image 3

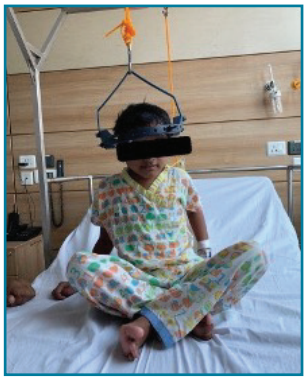

Image 4

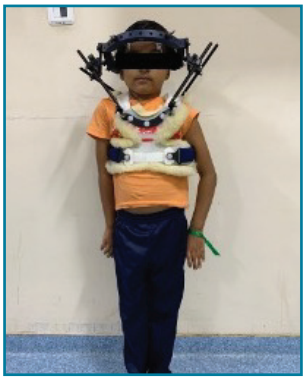

Image 5

Image 6

SURGERY AT APOLLO HOSPITALS IS SAFE

SURGICAL TEAM

Procedure 1

Dr. Agnivesh Tikoo
Consultant, Spine Surgery

Dr. Swapnil Keny
Consultant, Paediatric Orthopaedics

Dr. Harshad Nikte
Consultant, ENT

Dr Vinod Vij
Consultant, Plastic and Reconstructive Surgery

Dr. Charudutta Choudhury
Consultant, Plastic and Reconstructive Surgery

Procedure 2

Dr. Agnivesh Tikoo
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Dr. Swapnil Keny
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Procedure 3

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Consultant, Paediatric Orthopaedics