

Acquired torticollis as the only initially presenting symptom in a child with a brainstem glioma

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Intracranial malignancy should be ruled out in any patient with a non-resolving torticollis with no plausible explanation.

A 4-year-old boy presented with an acute torticollis to the left that had occurred immediately following a fall 2 weeks before. The head tilt was absent during sleep, and he complained of neck stiffness while at rest. He was alert, and there was an evident head tilt to the left. Head and neck showed full active and passive range of motion without pain. Palpation of the neck muscles was painful, but no abnormalities were found. Further physical and neurological examination was unremarkable. The working diagnosis was minor cervical muscle trauma following a fall. Two weeks later he represented to the emergency department after a collapse. The torticollis had remained unchanged, but he had suddenly been unable to stand that morning, had complained of severe headache and started vomiting. A left facial nerve palsy, an evident ataxia, and a bilateral Babinski reflex were now present. A CT scan showed a

cystic tumour (Fig. 1). Biopsy showed a high-grade glioma originating from the brainstem. There was no treatment possible, and he died shortly afterwards.

Brain tumours presenting with torticollis are often diagnosed with considerable delay, in particular if this is the only presenting symptom [1–3]. Our patient had a high-grade glioblastoma, developing symptoms from an initially

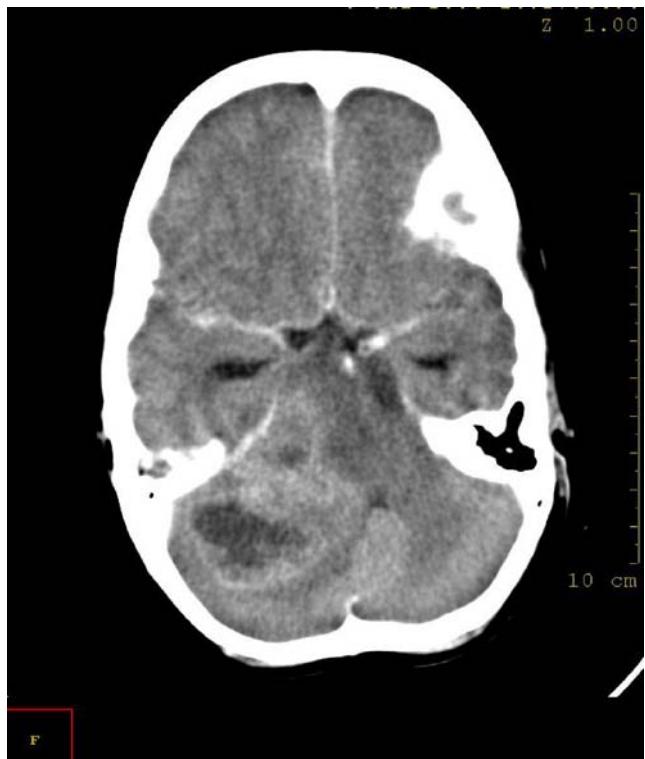


Fig. 1 A CT scan shows a cystic tumour, with central necrosis, in the right cerebellum, expanding either from or to the brainstem, with deviation of the fourth ventricle and evident obstruction hydrocephalus

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isolated torticollis without any associated symptoms to severe neurological deterioration with respiratory insufficiency within 4 weeks. Although the mechanism by which these tumours cause torticollis remains not fully understood, stretching of the accessory nerve or the dura, making attempts to flex the head passively, results in severe pain and seems to be the most plausible explanation for this phenomenon [2, 3].

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