



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1974556>Available online at: <http://www.iajps.com>

Research Article

**AN OBSERVATIONAL RESEARCH TO COMPARE AN ONSET
OF LEFT AND RIGHT SIDED CONGENITAL TORTICOLLIS
AMONG SELECTED PATIENTS**¹Iqra Ayub, ²Aleena Aitzaz, ¹Iqra Kanwal¹Mian Muhammad Trust Hospital Faisalabad²BHU 8 JB Faisalabad**Abstract:**

Introduction: The condition in which sternocleidomastoid muscle is stretched and shorten from one side is known as congenital torticollis. It is an interesting situation in the area mom-predicted. There may not be the obvious presence of a tumour or stern mastoid mass clinically. There may be serious accommodation of facial cosmoses and cervical working which is left untreated. Facial asymmetry, plagiocephaly and bent heat are commonly observed in patients.

Objective: To highlight the difference between right-sided congenital torticollis and left-sided congenital torticollis is the main objective of this study.

Method: We conducted this observational research study at Allied Hospital, Faisalabad from December 2016 to April 2017. In this study, total of 30 people was included. These people were the patients of congenital torticollis. The patients approaching physiotherapy and Orthopedic fulfilled the questionnaire and information was gathered from these patients.

Results: In this study, total 30 patients were included. Out of these females were 16 (53.3%) and males were 14 (46.7). from 16 females, 11 had right-sided congenital torticollis and 5 had left-sided congenital torticollis. Out of 14 males, 6 were observed with left-sided congenital torticollis and 8 were observed with right-sided congenital torticollis. So, the result indicates 11 (36.7%) patients and 19 (63.3%) patients with left and right sided congenital torticollis respectively.

Conclusion: The results showed that the incidence of congenital torticollis is mostly found in females as compared to males. Moreover, as compared to left-sided congenital torticollis, the possibility of right-sided congenital torticollis is higher.

Corresponding author:**Iqra Ayub,**

Mian Muhammad Trust Hospital Faisalabad

QR code



Please cite this article in press Iqra Ayub et al., **An Observational Research To Compare An Onset Of Left And Right Sided Congenital Torticollis Among Selected Patients.**, *Indo Am. J. P. Sci.*, 2018; 05(12).

INTRODUCTION:

When the Sternocleidomastoid Muscle [1] stiffed from one side, congenital Muscle Torticollis results. It is observed at the birth or short-term after birth. Congenital Muscular Torticollis is a distortion of neck and neck.

The head is bent to the right. When the head is moved by the sternocleidomastoid muscle. During the course of quick inhalation, these observed a greater activity of SEM [2]. SCM is also a significant accessory muscle innovation. The sternocleidomastoid muscle present in the neck is affected by the intrauterine malposition or shock during birth. As a result, sternocleidomastoid muscle compacted or contracted in a greater degree. Due to this contraction or stretching the flexibility of neck is diminished and it cannot rotate freely. The occurrence of congenital torticollis is observed in D.3-2.0% [3]. Different conditions responsible for this deformity include cerebellar tumours, retropharyngeal abscess, enlarged cervical glands, tonsillitis rheumatism, adenitis, cervical vertebral disorders and scars. The requirement of surgical release is noticed in 5-10% patients [4]. Before that physical therapy is usually used for the treatment of this distortion. Muscular balance is obtained through exercise, and for the stimulation of symmetry handling is used and stiffness is treated by stretching. There should be normal movement in the cervical area, there should be the treatment of determination of sternoclei domastoid which is happening slowly and desire of movement and voluntary positioning should be lesson [5]. To create awareness in parents regarding positioning and handling is the goal of physical therapy.

METHODOLOGY:

We conducted this observational research study at Allied Hospital, Faisalabad from December 2016 to April 2017.

Study Group: All the participants are with congenital torticollis. The age of these patients was less than 3 years.

Sample Size: In this study, the patients included were 30. The study was completed within 3 months.

Sampling Technique: The method of sampling was irregular. The sampling was satisfactory and meaningful Sample Selection Criteria.

Inclusion Criteria: The patients selected for this study was less than 3 years of age and suffering from Congenital torticollis.

Exclusion Criteria: The patients suffering from other disorders were excluded from the study. These

disorders include organic ocular, or neurogenic torticollis, spasmodic torticollis, acute torticollis and congenital abnormalities of the cervical spine.

METHODOLOGY:

On the basis of assessment and history, the data was collected. This data was related to birth history, and obstetric information, age, family history, gender, the side of torticollis, the presence of craniofacial asymmetry and head bending, the presence of hip dysplasia, feeding problems, unbearable prone positioning and limited movement etc.

Data Collection Tools/Instruments: Information related to age, and medical history of disorder was assembled through a questionnaire.

Statistical Analysis: Information was collected and assembled by using software SPSS. For the illustration of information, suitable graphs were made. To check the normality of quantitative data, the histogram was constructed. Frequency tables and percentages were used for illustration of categorized variables like mode of delivery whereas, continuous variables like age were illustrated as mean \pm SD.

RESULTS:

In this study, total 30 patients were the selection. A perform was given to each patient. It was filled as the basis of history and clinical assessment. The time period for this study was 3 months.

These 30 patients were checked for congenital torticollis. Of these 30, males were 46.7% and females were 53.3%. Right and left side, congenital torticollis was observed in 63.3% and 36.7% patients respectively. All the patients included were less than 3 years of age. These patients have a low standard of living mostly. All of them have a negative family history. At the examination, the mean \pm SD was 1.3 \pm 0.7 20%. 56.7% and 53.3% of patients were observed with asymmetry of skin, feeding problems and intolerance of proving positioning respectively. 16.7% of patients were observed with residual bad. Hip dysplasia was not present in any patients. No patients were found with craniofacial asymmetry. Most of the patients were observed with a slight bend in the head. Out of 16 female's patients right-sided congenital torticollis was found in 11 and left-sided congenital torticollis was found is 5. In 63.3% patients side, bending was observed less than 30 while in 36.7 patients bending was more than 30. Moreover, patients with the normal and caesarean mode of delivery were 86.7% and 13.3% respectively.

Table – I: Age and Socioeconomic Status

Factors		Values
Age	Mean ± SD	1.267 ± 0.7237
Socioeconomic Status	Upper	3.30
	Middle	30.00
	Lower	66.70

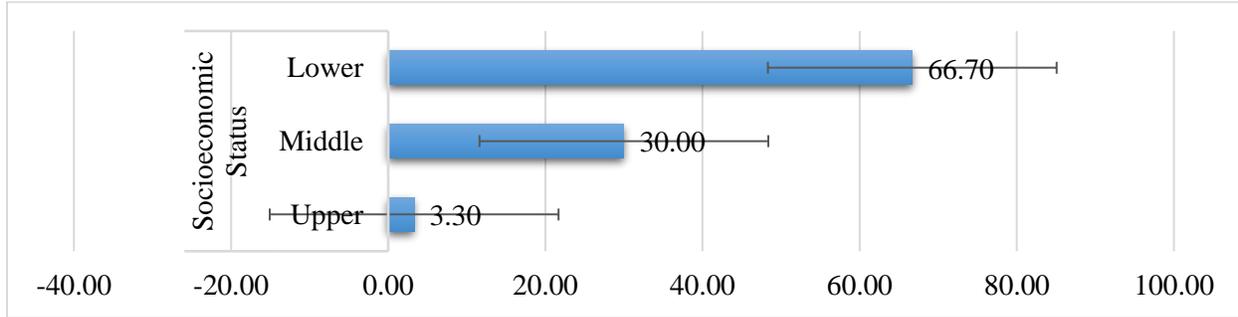


Table – II: Variables Distribution (Number and Percentage)

Variables	No		Yes	
	Number	Percentage	Number	Percentage
Family history	30	100	0	0.00
Residual band	25	83.30	5	16.70
Asymmetry of skin fold	24	80.00	6	20.00
Hip dysplasia	30	100	0	0.00
Feeding problem	13	43.30	17	56.70
Intolerance of prone position	14	46.70	16	53.30

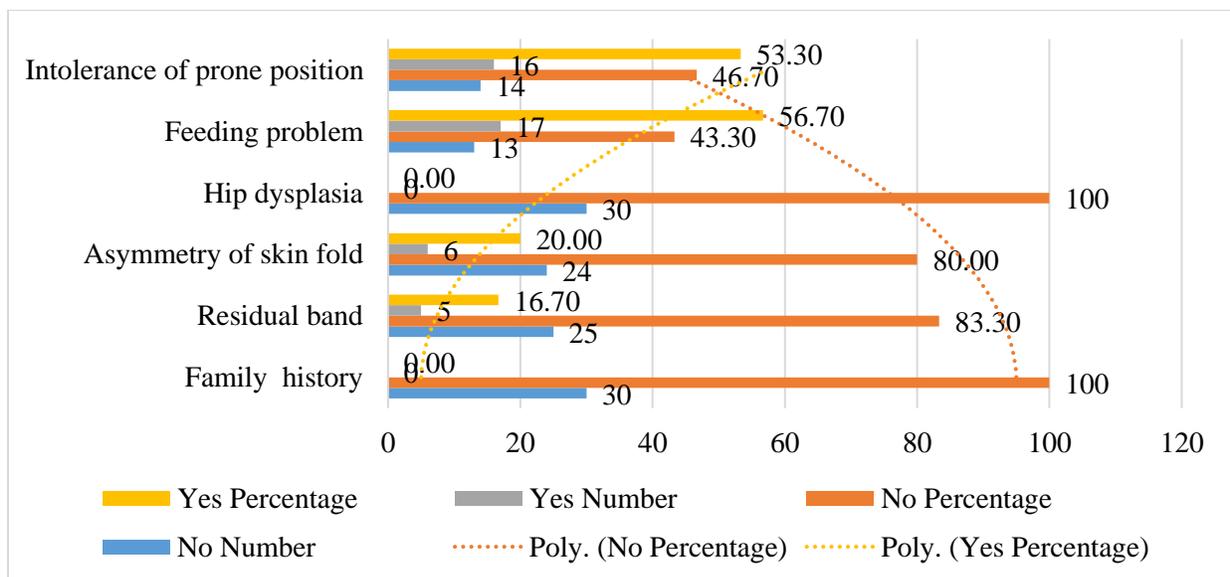


Table – III: Gender Distribution

Gender	Sternocleidomastoid	Tightness	Total
Male	8	6	14
Female	11	5	16
Total	19	11	30

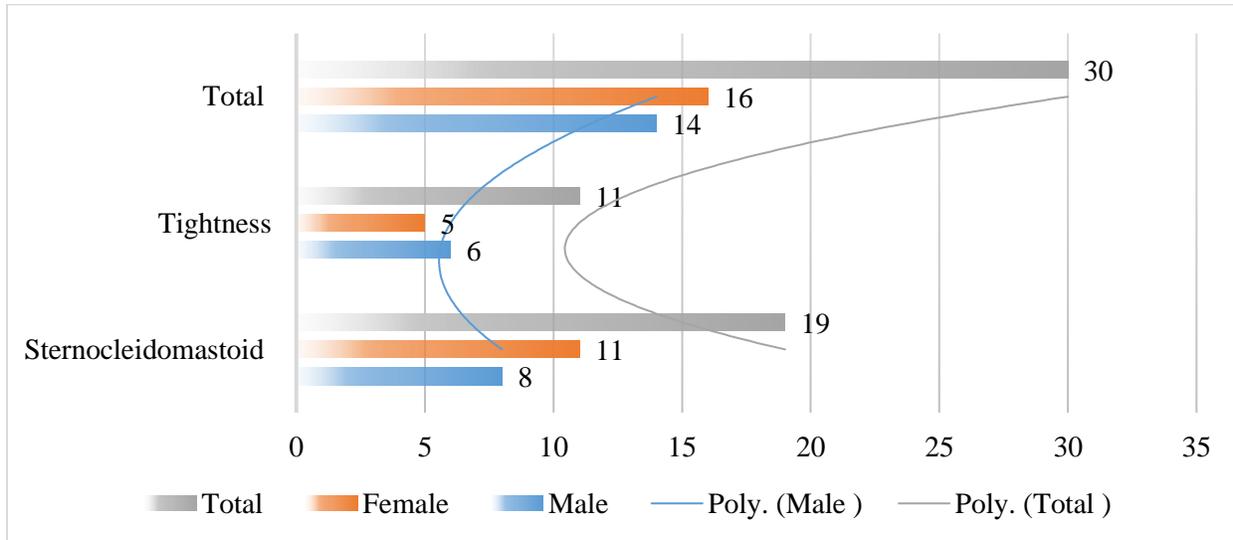
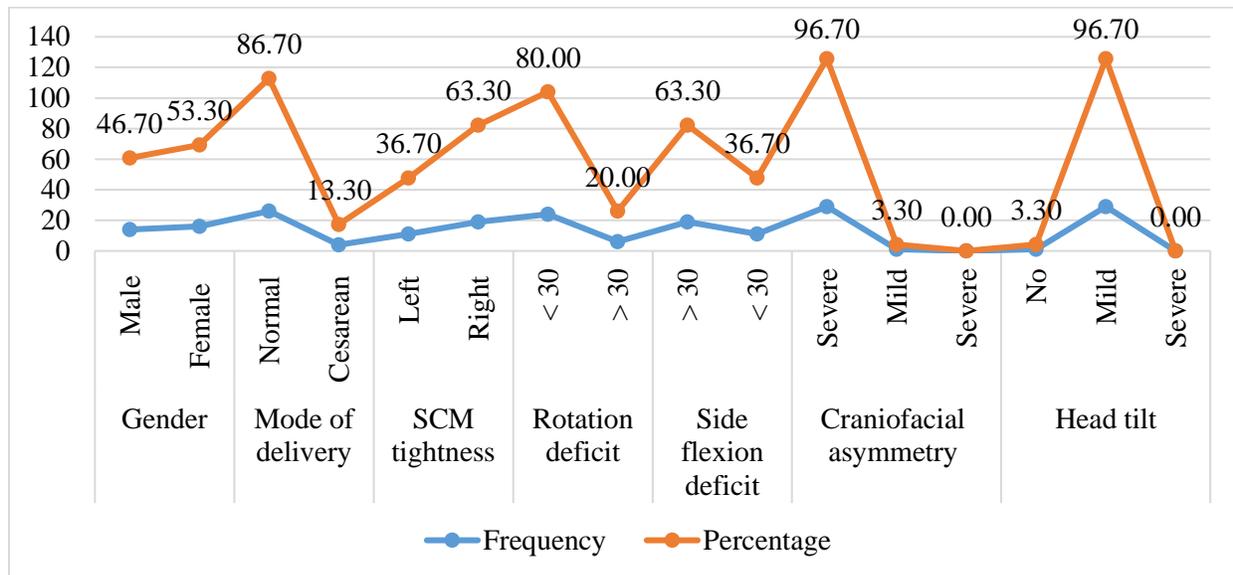


Table – IV: Variables Stratification

Variables		Frequency	Percentage
Gender	Male	14	46.70
	Female	16	53.30
Mode of delivery	Normal	26	86.70
	Cesarean	4	13.30
SCM tightness	Left	11	36.70
	Right	19	63.30
Rotation deficit	< 30	24	80.00
	> 30	6	20.00
Side flexion deficit	> 30	19	63.30
	< 30	11	36.70
Craniofacial asymmetry	Severe	29	96.70
	Mild	1	3.30
	Severe	0	0.00
Head tilt	No	1	3.30
	Mild	29	96.70
	Severe	0	0.00



DISCUSSION:

To highlight the difference between right-sided congenital torticollis and left-sided congenital torticollis is the main objective of the study. The result of this study showed that the incidence of congenital torticollis is mostly found in females as compared to males. Moreover, as compared to left-sided congenital torticollis the possibility of right-sided congenital torticollis is higher congenital torticollis has no relation with hip dysplasia. This disease is also not inherited. The nerve root is compressed due to slight bending in the head with an absence of craniofacial asymmetry or plagiocephaly. But these can lead to neurological disorders.

The acuteness of disease can be estimated and assessed through the extent of side bending residual band, bending in the head asymmetry of skinfold and insufficient rotation. These features are also helpful in planning treatment.

The most dangerous and difficult features to be assessed are insufficient rotation and side flexion deficit. These features damage health and lead to feeding issues. For correct identification, in time assessment and treatment are important.

Various studies regarding this disorder were organized. More studies should be conducted and executed. Through this, aetiology regarding birth shock may be managed.

CONCLUSION:

This study concluded that females are mostly the victim of this disorder as compared to males (53.3% females and 46.7% males). As compared to left-sided

congenital torticollis, the possibility of right-sided congenital torticollis is higher (63.3% and 36.7%).

REFERENCES:

1. Kendall, Florence P., Et Al. Muscles Testing and Function with Posture and Pain. Baltimore, MD: Lippincott Williams and Wilkins, 2005.
2. Cheng, JCY. et al. Clinical determinants of the outcome of manual stretching in the treatment of congenital muscular torticollis in infants. Bone Joint Surgery, 2001; 83: 679-687.
3. Das, B.K. et al. Congenital muscular torticollis: the experience of 14 cases. Mymensingh medical journal MMJ, 2010; 19 (4): p.555-560.
4. Tang SF, Hsu KH, Wong AM Hsu CC, Chang CH. Longitudinal follows up the study of ultrasonography in congenital muscular torticollis. Clin Orthop. 2002; 403: 179-185.
5. Persing JA. Prevention and management of positional skull deformities in infants. Pediatrics; 2003; 112: 199- 202.