A case of ocular torticollis

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A 4½ year old boy was referred to the Regional Institute of Ophthalmology from the department of neurosurgery as a case of torticollis. He had been advised an MRI and was being considered for cervical spine surgery.

History
The parents complained of tilting of the head to the left since 3 months of age. His was a full term normal delivery. No history of developmental delay. No history of seizures or family history of squint.

Examination
Visual acuity—6/9 BE
Head tilt to left+
Face turn to right+
Hirschberg test—15 degrees RHT
Cover test/alternate cover test—RHT

Beilschowsky’s test—HT increased on head tilt to right
Movements—Inferior oblique overaction RE
Krimsky’s test—30 prism dioptres of hypertropia RE
Atropine refraction—BE—+2.5 in vertical meridian
+3 in horizontal meridian
Fundus—Media clear
Astigmatic disc with temporal crescent
Vessels—normal
Fixation—central, maintained
Anterior and posterior segments—otherwise WNL

Investigations
MRI of the cervical spine done prior to presentation - WNL

Discussion
It is important to distinguish between congenital nonocular and ocular torticollis

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Congenital Ocular Age Onset during 1st 6 mo. After birth Onset rarely before 18 mo of age

Head position Passive or voluntary straightening of head is difficult or impossible Head can easily be voluntarily and tipped straightened passively or to opposite side

Neck muscles Palpation reveals hardening of sternocleidomastoid muscle Palpation negative

Vision No visual disturbances straightening of head or when Diplopia common on tilting to opposite side

Effect of occlusion Torticollis not influenced by occlusion of either eye secondary skeletal changes Head straightens on occluding the paretic eye except when have occurred


Von Noorden G K 1985: Theory and management of strabismus, Burian and von Noorden’s Binocular vision and Ocular Motility, Veditio, St Louis; Mosby; ch 1, 5-6.
