

Deep Tissue Massage – Wry Neck (Torticollis): A Case Report

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INTRODUCTION:

A rare case of an adult torticollis post deep tissue massage with unremarkable blood investigation for infection, coagulation and cervical radiograph. CT scan cervical shows hematoma within left sternocleidomastoid (SCM). Patient was treated conservatively with antispasmodic agent, antibiotic and regular physiotherapy. Ultrasound post treatment shows significant improvement with residual hematoma

CASE REPORT:

We reported a case of 24 years old with underlying temporomandibular joint (TMJ) disc displacement diagnosed 2015. 2 days after massage due to TMJ discomfort, she developed neck pain with torticollis. Otherwise, she is clinically well, afebrile, presented with only sign of torticollis (lateral flexion of the neck and contralateral rotation). The left SCM is bulky, in spasm, with limited neck ROM. Blood investigation for infection and coagulation is unremarkable. CT scan (Figure 1.1, 1.2) shows hypodense lesion within bulky left SCM, could represent hematoma.



Figure 1.1: AP view shows hypodense lesion within bulky left SCM



Figure 1.2: Axial view shows that bulky SCM could represent hematoma formation

Patient was treated conservatively with oral anti spasmotic agent (for 3 months), antibiotic (for 1 week) and regular physiotherapy. After 3 months, patient has good clinical outcome with ultrasound neck shows only residual hematoma left. (Two ill-defined hyperechoic foci are seen within a thickened left SCM muscle measuring 0.6 x 1.3 cm and 0.5 x 1.1 cm (AP x W) respectively).

DISCUSSION:

Torticollis is defined as lateral inclination of the head to the shoulder, with torsion of the neck and deviation of the face¹. This is a rare case of patient developing torticollis post deep tissue massage. Commonly, stretching and massage has proven effective in symptomatic relief for adult muscular torticollis².

We present a rare case of a patient with adult torticollis post deep tissue massage with absence of the known predisposing factors such as Grisel's syndrome, trauma or neck tumors in which treated with oral antispasmodic agent, regular physiotherapy and short duration of antibiotic has yielded very good clinical results.

Surgical intervention in torticollis is indicated if conservative treatment fails to yield good outcome to avoid further potential severe irreversible neural damage.³

CONCLUSION:

The incidence of developing torticollis post massage is rare with absence of predisposing factors. Non-surgical approach has yielded a good clinical and radiological outcome. Hence, conservative treatment is the recommended first step for this condition.

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