

PP118 MUMMY, I CAN'T MOVE MY HEAD!

Nurul Akmal bt Mustafa¹, Lee Kee Choon¹Dayang
Rafidah bt Awang Habeni¹, Sazwan Reezal
Shamsuddin¹

¹ *Emergency & Trauma Department, Hospital
Sultan Haji Ahmad Shah, Temerloh, Pahang,
Malaysia*

INTRODUCTION:

Neck pain is a common presentation in paediatric population presented to ED which requires a serious attention. Children who present with new onset neck pain and torticollis has wide range of differential diagnosis regardless of trauma or non-trauma.

CASE REPORT:

We report a case of 7-year-old girl who presented with 4 days history of neck pain which cause child to have torticollis. It was preceded by 3 weeks history of intermittent fever and upper respiratory tract infection. Otherwise, the child has no history of trauma, and no changes of voices and no difficulties in taking orally. Examination of the throat was insignificant. Plain radiograph shown loss of cervical lordosis and increase prevertebral space at C2-C3 level. Subsequently computed tomography (CT) scan of cervical spine demonstrated atlantoaxial rotatory subluxation and contrasted CT revealed retropharyngeal collection extending to the prevertebral space at the left nasopharynx to oropharynx as well as over the right nasopharyngeal regions.

DISCUSSION & CONCLUSION:

This case demonstrated that Grisel's syndrome needs to be taken into consideration in paediatric patient who presented with non-traumatic painful torticollis with suggestive history of upper respiratory tract infection. Early diagnosis and intervention are critical for prognosis of Grisel's syndrome.