



IMAGES IN PAEDIATRICS

It wasn't a torticollis but it was a scoliosis

No era una torticollis, sino una escoliosis

Jésica Rodríguez Álvarez^{a,b,*}, Carmen González Méndez^{c,d},
José Antonio Fidalgo González^{b,e}

^a Servicio de Rehabilitación, Hospital Universitario de Cabueñes, Gijón, Asturias, Spain

^b Universidad de Oviedo, Oviedo, Spain

^c Servicio de Pediatría, Hospital Grande Covián, Ariondas, Spain

^d Universidad Autónoma de Barcelona, Barcelona, Spain

^e Servicio de Rehabilitación, Hospital Universitario Central de Asturias, Oviedo, Spain

Available online 9 August 2025



A patient aged 4 years presented with suspected torticollis with onset several years prior that was refractory to treatment. The examination revealed a left cervical hump associated with limitations in turning and tilting that was assessed with a cervical X-ray (Fig. 1).

A hemivertebra is a rare congenital vertebral defect that results from the anomalous development of the chondrification center of a vertebral body.

These congenital defects are associated with other malformations that clinicians should assess for systematically, as in many include cases they are initially asymptomatic.^{1,2}

These cardiac malformations (10%), genitourinary malformations (23%)³ and intraspinal malformations (up to 40%).

Its treatment can be conservative or surgical and its prognosis is variable, depending on the number of affected vertebrae and the severity of the malformation. Completing the evaluation with MRI or CT scans of the spine is necessary to select the appropriate definitive treatment.

Clinicians must always remember that in the case of persistent or refractory torticollis, ordering X-rays is indicated to rule out vertebral anomalies.

DOI of original article:

<https://doi.org/10.1016/j.anpedi.2025.503859>

* Corresponding author.

E-mail address: Jesica.rodriguez@sespa.es

(J. Rodríguez Álvarez).

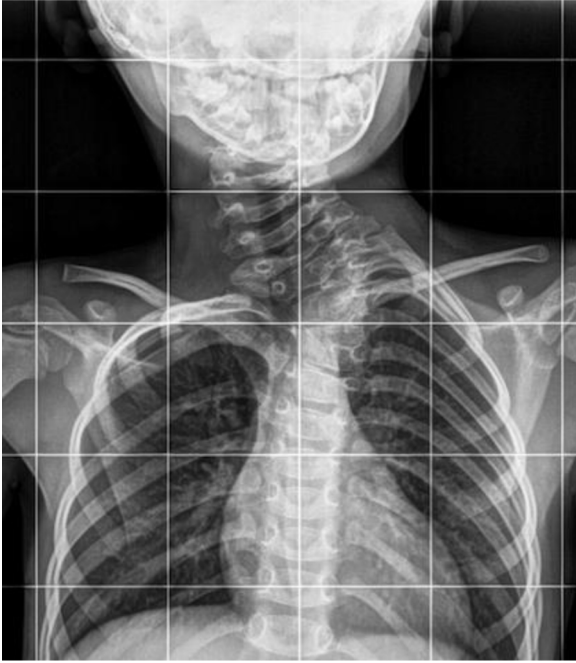


Figure 1 Image showing a vertebral defect with right C7 hemivertebra, block vertebrae at the level of C7-T1 and right costal anomalies causing congenital dorsocervical levoscoliosis of suspected genetic etiology.

References

1. Wu N, Liu L, Zhang Y, Wang L, Wang S, Zhao S, et al. Retrospective analysis of associated anomalies in 636 patients with operatively treated congenital scoliosis. *J Bone Joint Surg Am.* 2023;105:537–48, <http://dx.doi.org/10.2106/JBJS.22.00277>.
2. Mackel CE, Jada A, Samdani AF, Stephen JH, Bennett JT, Baaj AA, et al. A comprehensive review of the diagnosis and management of congenital scoliosis. *Childs Nerv Syst.* 2018;34:2155–71.
3. Lorente R, Mariscal G, Lorente A. Incidence of genitourinary anomalies in congenital scoliosis: systematic review and meta-analysis. *Eur Spine J.* 2023;32:3961–9, <http://dx.doi.org/10.1007/s00586-023-07889-w>.