

**PP19 MY PAINFUL TWISTED  
NECK: A RARE CASE OF  
GRISEL'S SYNDROME**

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**INTRODUCTION**

We report a rare case of Grisel's syndrome in a paediatric patient who came to our emergency department

**CASE**

A 6 year-old-boy complained of left neck pain for five days which was associated with fever. He denied having odynophagia, dysphagia or history of trauma. On examination, he is alert, with poor oral hygiene. His vital signs were stable. There was torticollis and tenderness over his left lateral neck region. Other systemic examinations were unremarkable.

**RESULT**

His white blood cell was  $23 \times 10^9/L$  and CRP was raised. Lateral cervical x-ray reveals anterior displacement of C1 which raised a suspicion of atlantoaxial subluxation. MRI cervical done the next day shows evidence of small left retropharyngeal abscess.

**DISCUSSION**

Grisel's syndrome (GS) refers to non-traumatic rotatory subluxation of the atlantoaxial joint which usually occurs in

children following ear, nose and throat (ENT) infections and surgical procedures. Haematogenous spread of infections and inflammatory process leading to hyperemia and laxity of atlantoaxial ligaments is a widely accepted pathogenesis. GS should be suspected in patient presented with acute painful torticollis and fever especially with evidence of ENT infections like in this patient. Plain cervical radiography and MRI cervical may be done to look for cervical displacement and soft tissue infections. This patient had retropharyngeal abscess probably as a result of his poor dental hygiene causing the development of his torticollis. He was referred to ENT team and treated conservatively with intravenous antibiotics. He was discharged well five days later with complete resolution of his symptoms.

**CONCLUSION**

Despite a rare condition, early diagnosis and treatment of GS is crucial to avoid devastating