E-Poster

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The Physiatrist's Perspective from Head to Toe: An Equinovarus Foot to Torticollis in the Context of Ophthalmological Pathology – Spasmus Nutans and Strabismus

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

Torticollis is usually benign, but in 1 in 5 cases, differential diagnoses like ophthalmological, neurological, and vertebral malformations should be considered. It requires interdisciplinary evaluation to rule out non-muscular causes. Spasmus Nutans, an acquired nystagmus in children under two, presents with intermittent nystagmus, head bobbing, and torticollis.

CASE DESCRIPTION

A 22-month-old girl was referred to Physical Medicine and Rehabilitation (PMR) for right equinovarus foot diagnosed at birth. On initial examination, she was active and responsive, with normal gaze fixation; cervical posture was symmetric with full mobility; no limb asymmetries or spinal deviations were noted; right foot was flexible and reducible, with no deformities in the limbs; muscle tone and reflexes were normal. Diagnosis of positional equinovarus foot was made. Clinical counseling and physiotherapy were prescribed.

At 4-month follow-up she presented with bilateral convergent strabismus; cervical posture was symmetric with full mobility and head balance was appropriate. There were no limb asymmetries, and developmental evaluation was age-appropriate. Transfontanelar ultrasound and ophthalmology consultation were requested. Ophthalmology confirmed congenital strabismus and started daily alternating eye patching for 6 hours. Ultrasound showed no abnormalities.

At 7-month PMR follow-up, parents reported new right-sided cervical tilt, sometimes with neck flexion and extension movements. The child had alternating convergent strabismus, nystagmus, and right cervical tilt, with no limitations in neck rotation or tension in the sternocleidomastoid muscles. There were intermittent neck movements, but no limb mobility asymmetries, and the rest of the exam was normal.

An magnetic resonance imaging (MRI) was requested, showing no abnormalities. Ophthalmology confirmed Spasmus Nutans and strabismus, and the child received botulinum toxin treatment for ocular muscles. At 22-month follow-up, right eye had no changes in oculomotor function, while left eye showed limited adduction with no nystagmus. There was slight right cervical tilt, which corrected spontaneously, and no limitations in neck rotation or movements. A follow-up in two months was scheduled.

DISCUSSION

Spasmus Nutans is a limited condition with a good prognosis. This case highlights the importance of early diagnosis and continuous monitoring in child development. PMR was crucial for detecting postural changes and monitoring motor development in a child which was initially referred for right equinovarus foot.

CONCLUSION

This case highlights the importance of PMR in early diagnosis, follow-up, and the role of a multidisciplinary team in promoting motor development and quality of life.

Statement of Disclosures

None

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