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승모근 중앙부의 잔존 섬유화 밴드로 인한 재발성 사경의 치료: 증례 보고

(Management of Recurrent Torticollis Caused by a Residual Fibrotic Band of the Central Trapezius Muscle: A Case Report)



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Purpose: This study reports a rare case of recurrent congenital muscular torticollis (CMT) caused by a residual fibrotic band in the central portion of the trapezius muscle and emphasizes the importance of evaluating extra-SCM structures in recalcitrant cases.

Methods: A 6-year-old boy presented with persistent head tilt after a primary bipolar release of the sternocleidomastoid (SCM) and partial release of the lower trapezius. While the SCM was soft and pliable on palpation, a distinct tight band was identified in the central belly of the trapezius. A secondary operation was performed to release this specific central band directly, followed by Z-plasty for skin lengthening and contour improvement.

Results: Intraoperatively, a thickened, cord-like fibrotic band was identified within the central trapezius, distinct from the previously operated lower site. Complete transection of the band immediately restored full passive range of motion. At the 6-month follow-up, the head tilt was fully corrected, and the patient achieved a symmetrical neck contour without scar contracture.



Fig. 1. Preoperative Clinical Photograph. A 6-year-old boy presenting with recurrent right-sided torticollis. Despite previous bipolar release of the sternocleidomastoid (SCM) and partial lower trapezius release, persistent right head tilt and restricted left lateral bending are evident. The previously operated SCM area is soft, but a tight band is palpable along the central trapezius.



Fig. 2. Before release: Through a direct incision over the central trapezius (superior to the previous surgical site), a distinct, thick, cord-like fibrotic band (indicated by the arrow) is identified within the muscle belly, causing severe contracture. The SCM was confirmed to be completely released.



Fig. 3. After release: Complete transection of the fibrotic band was performed. The release of the central band immediately resolved the tethering effect, allowing for full passive range of motion of the neck. A Z-plasty design is marked on the overlying skin to lengthen the scar line.



Fig. 4. Postoperative Clinical Photograph. At the 6-month follow-up, the patient demonstrates full, unrestricted range of motion. The persistent head tilt has been fully corrected. The neck contour is symmetrical, and the Z-plasty has successfully prevented scar contracture, resulting in a favorable aesthetic outcome.

Conclusion: In recurrent CMT where the SCM is fully released, the trapezius muscle should be suspected. Surgeons must explore the entire muscle belly, as fibrotic bands can be located centrally rather than at the insertions. Targeted release combined with Z-plasty is effective for achieving both functional and aesthetic success.