

FIBROMATOSIS COLLI TYPE OF MANUSCRIPT:CASE REPORT

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Abstract

Fibromatosis colli or Pseudo-tumor of infancy is the rare benign cause of neck mass in neonates and infants in first 4 weeks of life. If diagnosed correctly, it can be managed conservatively with minimal investigations. Here we report a case of a 4 week old infant diagnosed with fibromatosis colli.

Keywords: Congenital Torticollis, Congenital neck swelling, Fibrosis neck, Pseudo-tumor.

Introduction:

Fibromatosis colli is a condition of infancy characterized by diffuse enlargement of the sternocleidomastoid muscle.^[1] It is also known as Pseudo tumor of the sternocleidomastoid muscle of infancy. The term 'tumor' here is a misnomer because it is not actually a cancerous condition but it is a congenital fibrotic process. The word 'tumor' here simply means swelling. Reported prevalence is 0.4% and it affects boys more than girls. ^[2] It is considered to be one of the most common causes for congenital torticollis. We present a case report, where fibromatosis colli is diagnosed using ultrasound (USG) in an infant.

Case Report:

A 1 month old infant came to the department of pediatrics with complaint of neck swelling on the right side noticed by the parents at the age of 20 days. The swelling was firm to hard in consistency, about 2 cm in size, non tender. (Fig. 1)The patient was afebrile. The baby was born through lower segment caesarean section to a primigravida. USG showed evidence of 2.56 x

1.90 mm isoechoic lesion along the right sternocleidomastoid muscle without any calcification or increased vascularity. (Fig. 2) In comparison, the left sternocleidomastoid muscle appeared normal. Based on these clinical findings and USG features, a diagnosis of fibromatosis colli was made and conservative management was advised.



Fig. 1



Fig. 2

Discussion:

Fibromatosis colli is a condition which is more common on the right side of neck, usually unilateral and manifests during first 4 weeks of life.^[3,4,5] Aetiology is not known, but most likely it is due to birth trauma following a difficult delivery (vacuum extraction or forceps delivery). Preferred imaging modality is USG which shows spindle shaped thickening of the sternocleidomastoid muscle on the affected side. Torticollis can develop in around 20% of cases.^[4,5] It has been postulated that there occurs ischemic injury or venous occlusion due to compression of the neck following which muscle fibres gets damaged and later on fibrosis occurs.^[5] Another proposed mechanism is hematoma formation due to tearing of Sternocleidomastoid during delivery which leads to atrophy of muscle fibres.^[6] CT scan shows isodense enlargement of the muscle. On MRI, it has been observed that there is increased signal intensity on T1 weighted images, because of presence of fibrous tissue.^[5, 6] On biopsy, thin, spindle shaped fibroblasts are seen in cytology.

Treatment is conservative, usually with physiotherapy and neck stretching exercises.^[6, 7] There is resolution seen in majority of cases by 4 to 6 months. But for refractory cases, surgical tenotomy of one of the heads of Sternocleidomastoid can be considered.

Thus fibromatosis colli is a rare cause of neck mass which can be diagnosed using USG, thereby avoiding unnecessary investigations.

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