

Bilateral diagonal earlobe crease

A seventy-year-old male with hypertension, dyslipidemia and cerebrovascular disease is admitted after recurrent syncope. Physical examination was relevant for bilateral diagonal earlobe crease, also known as Frank sign (figure 1), with no other findings. Patient had no history of myocardial infarction, angina and there were no relevant abnormalities in the electrocardiogram or echocardiogram. Computed tomography of thorax showed atheromatous calcifications of aorta and coronary vasculature. Patient was diagnosed with carotid sinus syndrome and had done well after implantation of a cardiac pacemaker.

Frank sign was initially described in association with coronary artery disease¹, with moderate sensitivity and specificity, that still has some accuracy even with contemporary diagnostic imaging². There after it has been associated with atherosclerotic disease in other territories³.

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DIAGNOSIS

Frank sign as a marker of atherosclerosis

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Cómo citar este artículo: Flores L, Friões F
Bilateral diagonal earlobe crease. *Galicia Clin* 2020; 81 (1): 22

Recibido: 04/11/2018; Aceptado: 06/11/2018 // <http://doi.org/10.22546/55/1819>

