

Visible age-related signs in an Arab patient presenting with a myocardial infarction

Nitesh Nerlekar^{a,*}, Desmond Chee^a, Shanti Narayanasamy^a, Meenal Sharma^a, Lachlan Couper^a

^aDepartment of Cardiology, The Alfred Hospital, 55 Commercial Road, Prahran, Melbourne, Victoria 3004

^aAustralia

© 2014 King Saud University. Production and hosting by Elsevier B.V. All rights reserved.

Keywords: Xanthelasma, Frank's sign, Coronary artery disease

A 45-year-old Arab woman presented with acute ST-elevation myocardial infarction in the absence of any traditional cardiovascular risk factors (CVRF). It was noted she appeared 'older than she looked' with premature cutaneous signs of ageing, including significant wrinkling, bilateral xanthelasma palpebrarum (Fig. 1A), bilateral diagonal ear lobe creases (Frank's sign) (Fig. 1B and C) and fronto-temporal hairline recession with associated greying hair. Recent evidence from longitudinal studies suggest a significantly higher risk of ischemic heart disease (IHD) with any of these features, and a stepwise increase in incidence with the presence of multiple features, independent of traditional CVRF [1]. However, these studies were performed on a purely white Danish ancestral population with results not immediately applicable to other ethnic groups. We believe this is the first reported case of a non-white patient presenting with index IHD without traditional CVRF but with multiple features of premature ageing, lending support to these recent results. With the rising tide of cardiovascular disease in the Arab community, [2,3] any sign that can lead to earlier intervention is worth considering. Whilst there is



Figure 1. (A) Bilateral xanthelasma palpebrarum; ear lobe crease (Frank's sign) on the right (B) and left (C) ears. Main – photograph of patient showing greying hair, wrinkled forehead and globally receding hairline.

Disclosure: Authors have nothing to disclose with regard to commercial support.

Received 14 October 2014; revised 28 October 2014; accepted 29 October 2014.

Available online 29 November 2014

* Corresponding author at: Department of Cardiology, The Alfred Hospital, 55 Commercial Road, Prahran, Melbourne, Victoria 3004, Australia.

E-mail address: nitesh.nerlekar@gmail.com (N. Nerlekar).



P.O. Box 2925 Riyadh – 11461KSA
Tel: +966 1 2520088 ext 40151
Fax: +966 1 2520718
Email: sha@sha.org.sa
URL: www.sha.org.sa



1016–7315 © 2014 King Saud University. Production and hosting by Elsevier B.V. All rights reserved.

Peer review under responsibility of King Saud University.

URL: www.ksu.edu.sa

<http://dx.doi.org/10.1016/j.jsha.2014.10.002>



Production and hosting by Elsevier

no formal guideline, physicians should keep vigil and consider early cardiovascular consultation if these signs are present. Further multinational cross-sectional studies are warranted.

References

- [1] Christoffersen M, Frikke-Schmidt R, Schnohr P, Jensen GB, Nordestgaard BG, Tybjaerg-Hansen A. Visible age-related signs and risk of ischemic heart disease in the general population: a prospective cohort study. *Circulation* 2014;129(9):990-8.
- [2] Hatahet W, Khosla P, Fungwe TV. Prevalence of risk factors to coronary heart disease in an Arab-American population in southeast Michigan. *Int J Food Sci Nutr* 2002;53(4):325-35.
- [3] Kark JD, Gordon ES, Haklai Z. Coronary heart disease mortality among Arab and Jewish residents of Jerusalem. *Lancet* 2000;356(9239):1410-1.