SYMPTOM

Earlobe creases

An earlobe crease is a line or fold in the soft lower part of the ear.

WHAT IT FEELS LIKE
Usually a painless line or fold

WHERE IT IS FELT
The soft lower part of one or both ears

MOST COMMON CAUSES
Natural ear shape, ageing, repeated pressure

WHEN IT IS URGENT
Rapidly spreading redness, severe pain, fever, or pus

USUALLY LASTS
Temporary after pressure or lasting with ageing and scarring

SEE A DOCTOR IF
The crease is new, changing, painful, or concerning

Overview

An earlobe crease is a line or fold in the lobule, the soft tissue at the bottom of your outer ear. It may be shallow or deep and may affect one or both ears. Most creases do not hurt or cause other symptoms.

A diagonal crease running from the ear opening toward the lower edge of the earlobe is sometimes called Frank's sign . Research has found an association between this type of crease and coronary artery disease, which is narrowing of the arteries supplying the heart. However, a crease does not show whether you have heart disease. Age and other shared risk factors may partly explain the association.

An earlobe crease is therefore not a diagnosis or a reliable heart test by itself. Your overall health, symptoms, blood pressure, cholesterol, smoking history, diabetes risk, and family history are more useful when assessing heart risk.

What it may feel or look like

You may notice:

A simple crease usually feels no different from the surrounding skin. Pain, warmth, itching, swelling, discharge, or crusting suggests that something else is affecting the earlobe, such as irritation, infection, or a reaction to jewellery.

A temporary sleep line or pressure mark should gradually fade. A crease related to natural anatomy, ageing, or scar tissue may remain.

- A diagonal, vertical, or irregular line in the earlobe
- A crease on one ear or both ears
- A fold that becomes more visible when the ear is pressed
- A permanent line that has deepened over time
- Thickened or raised skin near a piercing or old injury

Common causes

Earlobe lines often reflect normal differences in ear shape. Some people have visible folds from childhood, while others develop them as the skin and supporting tissues change with age.

Repeated pressure can create temporary lines. This may happen after sleeping on one side or wearing tight headphones, ear coverings, or jewellery. Pulling from heavy earrings may stretch the piercing hole and alter the shape of the lobe.

Previous injury or piercing can leave a scar. Some scars become raised and firm. A keloid is an overgrown scar that extends beyond the original wound. Keloids are more likely after ear piercing in people whose skin tends to form them.

Skin inflammation can also change the earlobe's surface. Contact dermatitis is an irritated or allergic skin reaction. Nickel in earrings is a common trigger. It usually causes itching, redness, scaling, or small blisters rather than an isolated painless crease.

Less commonly, an earlobe may change shape after surgery, a tear, significant sun damage, or loss of tissue volume with ageing.

A diagonal crease has been studied as a possible marker associated with coronary artery disease. Studies cannot confirm from the crease alone whether the heart arteries are narrowed, and not everyone with the crease has heart disease. It should be viewed in the context of your usual cardiovascular risk assessment, not treated as proof of a heart problem.

When to seek medical care

A painless crease that has been present for a long time usually does not need urgent care. You can mention it during a routine appointment if it is new, changing, or causing concern.

Arrange a routine appointment if the earlobe:

Seek same-day medical care for rapidly spreading redness, increasing warmth or pain, pus, fever, or swelling around a piercing. These can occur with an infection. Cartilage infection higher on the outer ear can be more serious than an infection limited to the soft lobe.

Call emergency services if ear or facial swelling occurs with trouble breathing, throat tightness, faintness, or swelling of the tongue or lips. These may be signs of a severe allergic reaction.

An earlobe crease alone is not a heart emergency. However, seek emergency help for chest pressure or pain, especially with shortness of breath, sweating, nausea, faintness, or pain spreading to the arm, back, neck, or jaw.

- Remains itchy, scaly, tender, or swollen
- Has a lump or raised scar that is growing
- Repeatedly bleeds, crusts, or develops an open sore
- Has been stretched or partly torn by an earring
- Changes without an obvious reason

How the cause is found

A healthcare professional will usually examine both ears and ask when you first noticed the crease. They may ask about piercings, jewellery, injuries, skin symptoms, pressure on the ear, and whether the appearance has changed.

Redness, warmth, discharge, or tenderness may point toward infection. Itching and scaling can suggest dermatitis. A firm raised area after a piercing may be scar tissue or a keloid. A sore that does not heal may need assessment by a skin specialist and, occasionally, a small tissue sample called a biopsy.

Tests are not usually needed for an uncomplicated crease. A diagonal earlobe crease does not, by itself, require a heart scan. If you are concerned about heart health, a clinician can assess established risk factors and decide whether blood pressure checks, cholesterol testing, diabetes testing, or other evaluation is appropriate.

Treatment and self-care

A painless crease caused by natural anatomy or ageing does not need treatment. Creams and massage are unlikely to remove a deep, established fold.

If pressure seems to create temporary marks, adjusting headphones, headwear, or sleeping position may help. Avoid heavy earrings if they pull on the lobe. Do not try to cut, drain, or remove a lump or raised scar yourself.

For irritated pierced ears, stop using the item that appears to trigger symptoms. Nickel-free jewellery may reduce reactions in people with nickel allergy, although ongoing inflammation should be assessed. Avoid applying unprescribed antibiotics or harsh antiseptics repeatedly, as these can further irritate the skin.

Treatment for infection, dermatitis, keloids, tears, or other skin changes depends on the diagnosis. Cosmetic procedures can change the earlobe's appearance, but they have risks such as bleeding, infection, altered sensation, and further scarring. Discuss these carefully with a suitably qualified professional.

What to expect

Temporary pressure lines may fade over minutes or hours. Creases related to ageing, inherited ear shape, or scarring often remain and may become more noticeable over time.

Skin irritation should improve when the trigger is removed, although persistent symptoms may need treatment. Infections usually require prompt assessment when pain, redness, swelling, or discharge is worsening.

Finding a diagonal crease does not predict what will happen to your heart. If it prompts concern, use it as a reason to review proven heart-health factors rather than as a diagnosis.

Common questions

Does a diagonal earlobe crease mean I have heart disease?

No. Observational studies have reported an association, but the crease cannot confirm or rule out coronary artery disease. Many people with creases do not have diagnosed heart disease, and people without creases can still have it.

Can earlobe creases disappear?

Pressure marks may fade. Long-standing creases caused by skin ageing, ear shape, or scarring are less likely to disappear without a cosmetic procedure.

Should I have heart tests because of a crease?

Not usually because of the crease alone. Ask about a routine cardiovascular risk review if you have concerns or risk factors such as high blood pressure, high cholesterol, diabetes, smoking, or a strong family history.

Could a crease come from earrings?

Yes. Heavy earrings may stretch the lobe, while piercing can lead to irritation, tearing, or scar tissue. Pain, discharge, marked redness, or a growing lump should be assessed.

Sources

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