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Letter to the Editor

"The Moustache Sign": A Common Morphological Characteristic in Cardiovascular Disease Treatment

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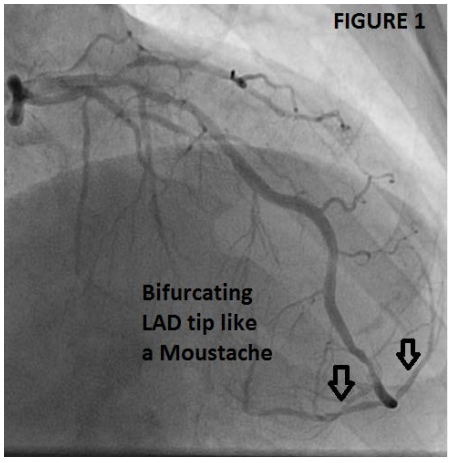
There are multiple eponymous medical signs in the field of cardiology. These "signs" refer to significant physical findings or observations made by the cardiologist while evaluating the patient. We hereby describe and summarize all the conditions in which "moustache sign", a commonly occurring observation, is seen in the field of cardiology. The importance of signs like these is that they help in earlier recognitionof the disease pathophysiology and in the management of patients.

Figure 1. *Left Coronary Angiogram Shows the Distal LAD Bifurcating (Marked with Arrows) Like a Moustache*



The first example is identification of the left anterior descending artery (LAD) on coronary angiography. The LAD bifurcates at the apex akin to a moustache or the bifid tail of a whale (Figure 1) and is variously described as "whale tail sign", "pitchfork sign" or "Moustache sign".[1] This feature helps us to identify this coronary artery in case of any anatomical confusion (may help identify Dual LAD morphology)[2] and is also used as the distal landmark while calculating the thrombolysis in myocardial infarction (TIMI) frame count.[3]

A second one is digitalis effect,the morphology of the QRS complex/ST segment in patients who have achieved therapeutic levels of digitalis in their circulation. This is variously described as either "slurred", "sagging" or "scooped" and resembling either a "reverse tick", "hockey stick" or "Salvador Dali's moustache" (Figure 2).[4] Salvador Dali was a Spanish surrealist who apart from his artwork famous is known for the unique style of his moustache (Figure 3).

Another observation is the stag's "antler sign" which refers to the upper lobe pulmonary venous diversion (cephalisation) in pulmonary venous hypertension or pulmonary edema as seen on frontal chest radiograph. This prominence of upper lobe pulmonary veins, resemble a stag's antlers. It is the earliest sign of pulmonary venous hypertension (grade 1 pulmonary edema). This sign is also known as "hands-up sign" or "inverted moustache sign" (Figure 4).[5]

Figure 2. *The ST Segment is Like a Moustache in Patient on Digitalis*

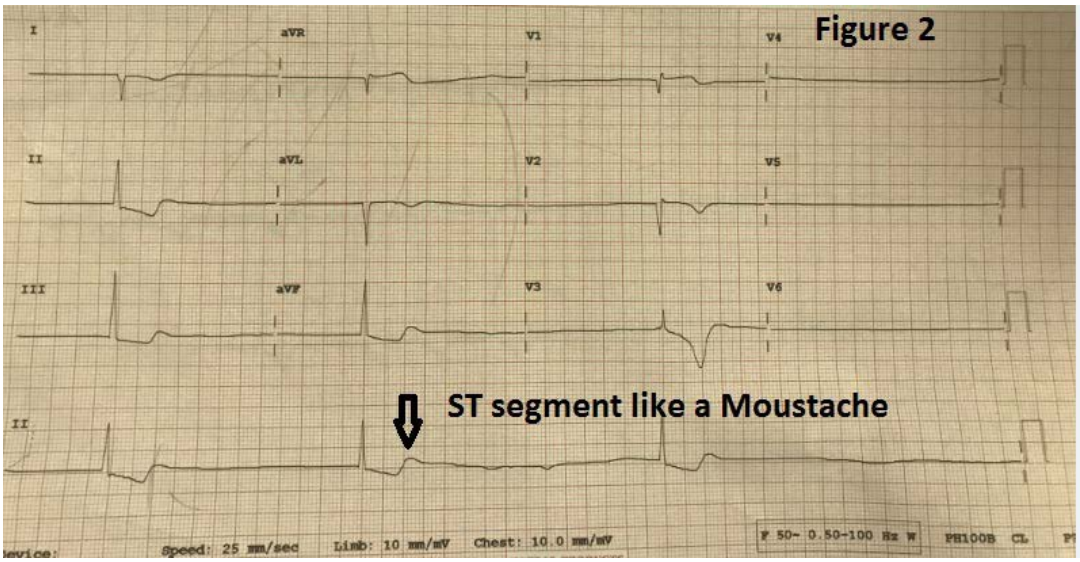
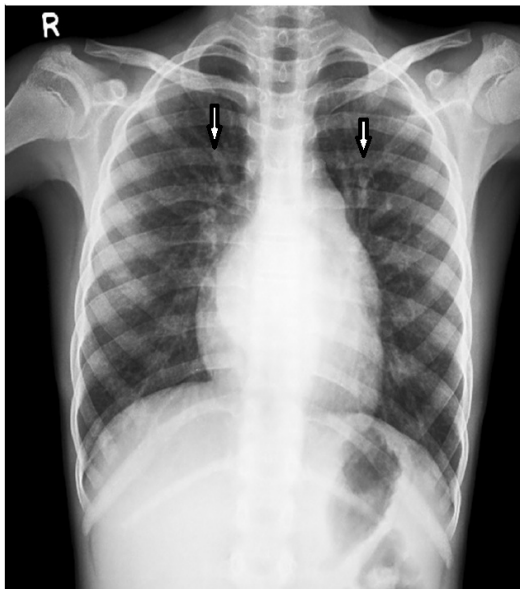


Figure 3. *Salvador Dali–a Spanish Surrealist*

Figure 4. *Chest X-ray Showing Cephalization of Upper Lobe Pulmonary Veins in Pulmonary Venous Hypertension in Both Lungs Akin to a Moustache*



And finally, partial anomalous pulmonary venous drainage with intact inter-atrial septum associated with mitral stenosis is rare. Differential pulmonary vascular distribution (plethora) on chest radiograph may lead to a "unilateral inverse moustache" sign and is a subtle clue for the presence of anomalous venous drainage.[6]

To conclude, this short review highlights the importance of 'The Moustache sign' and how its presence can be utilized in clinical cardiology practice.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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