

## Modern moulage

Sir,

I read Joshi's comprehensive review of the use of moulage in dermatology with interest.<sup>[1]</sup> While moulage has undoubtedly been in steady decline as a teaching aid, I believe that it still has a significant role to play.

Skin lesions are largely three-dimensional structures, with subtle details often only apparent at a specific angle. While technology has advanced, the ability to appreciate details of a high-resolution, two-dimensional photo does not always correlate to the real-world clinical diagnostic ability.

At Imperial College, London, I am trying to commission a number of new moulages for use as an undergraduate teaching aid. Joshi states that "the art of moulaging and the moulageur disappeared." I do not believe this to be entirely true; the expertise is still available and exquisite moulages are still produced to this day. Case in point, I recently asked a local artist to produce a moulage of a seborrheic keratosis. The artist himself asked for an extended period with a patient with a seborrheic keratosis in order to produce the moulage. I was simply amazed at how lifelike the lesion appeared and, just as importantly, felt. Having previously tried to demonstrate seborrheic warts to medical students, they were often unable to appreciate what I meant when I described the lesions as looking as if they were "stuck onto" the skin. When I showed the prosthesis to a group of medical students, one student volunteered that the lesion appeared as if it was stuck onto the skin!

Colleagues at the Boston University have recently trialled prosthetic mimics as teaching tools as part of the undergraduate curriculum.<sup>[2]</sup> The moulages were received most favourably by the students – "The three-dimensional method was thought to be enjoyable, effective, and authentic." Additionally, students taught with moulage significantly outperformed those taught with photographs.

Curriculum time for most specialties is limited, dermatology being particularly compressed in most. Thus, in a 2-week rotation, students would have to be particularly fortuitous to see every clinically important lesion in this period. The application of moulage may therefore be even more important in modern medical

education than ever before. If educators have a variety of prostheses, then medical students will undoubtedly have a more thorough clinical exposure than they do currently.

Moulages need not be restricted to their application as an undergraduate teaching tool. They may also interest the general public if displayed in museums and possibly as a means of improving public awareness of skin disease.

Despite the undoubted benefits that technological advance has brought about, modern technology is not always the answer. Perhaps, we may yet see a renaissance in dermatological moulage.

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