

Art and dermatology

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BACKGROUND

Skin is the first surface, the first uncut sheet of paper that is offered to human beings in order to reproduce the world and communicate with abstract symbols. But also the surface of a seismograph, the sensitive gel of a probe that permanently observes the organic and psychic inner workings.

The lesions caused by skin disease are all made up of lines, shapes and colors that differ from the “normal” ones. They express themselves through frequently very precise color nuances creating specific patterns and shapes according to each specific disorder. Forming a first impression before a skin lesion, and subsequently paying attention to the details of its lines, shapes and colors, means to observe the skin with the awareness of performing an act of “aesthetic” analysis.

MATERIALS AND METHODS

Despite the technological progress, Dermatology remains an exquisitely clinical field and the approach to the patient is based on the gathering of elements and details, both physical and psychological, from which we can draw conclusions which at times are more precise and complete compared to those resulting from the more sophisticated technological investigations.

The modern advanced methodologies of visual analysis (like, for example, digital epiluminescence) are based on a series of observational data collections that are essentially expressed through the analysis of colors, lines and shapes.

RESULTS

It is possible to train oneself to interpret the skin through this interpretative key based on comparison with painting. Dermatologists who are trained in this skill can indeed seize on many clinical and morphological details and characteristics. The more clinical details we identify, greater the chances of making diagnostic hypotheses, just like who knows many words can compose sentences to express complex concepts in a more articulated and understandable manner.

DISCUSSION

The skin thus appears like a stratified painted surface, as the result of the signs or of the chromatic changes that can be attributed to the illness, to the transformations caused by previous therapeutic interventions or enacted by the patient himself in a subjective and at times fanciful manner, or those changes which may be attributed to exposure to the environment, or to aspects of lifestyle (for example the sun rays, ionizing radiation, the use of detergents, the application of cosmetics, smoking, etc.).

The comparison with art is a clinical approach that can also be used as a teaching model for students and doctors at the early stages of their career, and to encourage young dermatologists to find innovative modes and angles for observation and investigation.

CONCLUSION

DERMART is an invitation to bring our attention back to the clinical examination of skin manifestations by looking through the eyes of keen lovers of pictorial art and by re-examining a series of old and new 'artistic' morphological elements which invite us to understand and discover skin diseases and the psychology of the affected person.

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