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## DIAGNOSIS OF ORAL LESIONS IN AN UNIVERSITY HOSPITAL - A CLINICAL AND HISTOPATHOLOGICAL STUDY

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### **ARTIGO ORIGINAL**

#### **ABSTRACT**

Oral lesions constitute a heterogeneous group of alterations that affect the tissues of the oral cavity and may represent local or systemic, benign or malignant manifestations. An interprofessional stomatology clinic is a clinical space that brings together an interdisciplinary health team to provide care to patients with oral lesions. This research aimed to identify the prevalence of oral pathologies diagnosed in the Stomatology and Histopathology services of a university hospital in the city of Natal. Clinical care provided at the Interprofessional Stomatology Clinic from March 2024 to September 2025 and histopathological reports issued by the Anatomopathology Laboratory between January 2020 and September 2025 were analyzed. The analysis revealed a predominance of females in both databases. In the stomatology clinic, the most frequent age range was 50 to 59 years; Benign and reactive lesions were more common, especially fibrous hyperplasia and mucocele, and there was good agreement between clinical and histopathological diagnoses (Kappa = 0.71). Data obtained from histopathological reports showed a predominance of ages between 60 and 69 years, with a higher occurrence of malignant lesions, mainly squamous cell carcinoma, and low/moderate agreement between clinical and histopathological diagnoses (Kappa = 0.35). The presence of a dentist in the interprofessional team significantly increased clinical diagnostic accuracy. The outpatient clinic proves to be a strategic space for oral diagnosis and the strengthening of the medical-dental interaction.

**Keywords:** Stomatology; Oral Pathology; Hospital Dentistry; Oral Diagnosis.



## RESUMO

As lesões bucais constituem um grupo heterogêneo de alterações que acometem os tecidos da cavidade oral e podem representar manifestações locais ou sistêmicas, benignas ou malignas. Um ambulatório interprofissional de estomatopatologia é um espaço clínico que reúne uma equipe interdisciplinar de saúde para oferecer cuidado ao paciente com lesões orais. Esta pesquisa teve como objetivo identificar a prevalência das patologias orais diagnosticadas nos serviços de Estomatologia e Histopatologia de um hospital universitário na cidade de Natal. Foram analisados os atendimentos clínicos realizados no Ambulatório Interprofissional de Estomatologia no período de março de 2024 a setembro de 2025 e os laudos histopatológicos emitidos no Laboratório de Anatomopatologia entre janeiro de 2020 e setembro de 2025. A análise revelou predominância do sexo feminino em ambos os bancos de dados. No ambulatório de estomatopatologia, a faixa etária mais frequente foi de 50 a 59 anos; lesões benignas e reativas foram mais comuns, especialmente hiperplasia fibrosa e mucocele, e houve boa concordância entre os diagnósticos clínicos e histopatológicos (Kappa = 0,71). Os dados obtidos dos laudos histopatológicos mostraram predominância de idades entre 60 e 69 anos, com maior ocorrência de lesões malignas, principalmente carcinoma de células escamosas, e baixa/moderada concordância entre diagnósticos clínicos e histopatológicos (Kappa = 0,35). A presença do cirurgião-dentista na equipe interprofissional elevou significativamente a acurácia diagnóstica clínica. O ambulatório demonstra ser um espaço estratégico para o diagnóstico bucal e o fortalecimento da interconsulta médico-odontológica.

**Palavras-chave:** Estomatologia; Patologia Oral; Odontologia Hospitalar; Diagnóstico Bucal.

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## **1. INTRODUCTION**

Oral lesions constitute a heterogeneous group of alterations affecting the soft and hard tissues of the oral cavity, and may manifest as benign, potentially malignant, or malignant conditions of local or systemic origin. Accurate identification of these lesions is essential for accurate diagnosis and the immediate institution of appropriate therapy (1) (2). Many of these alterations are asymptomatic in their initial stages. This factor reinforces the need for a thorough diagnostic approach, especially in patients whose immune status and tissue healing are compromised by systemic conditions, such as immunosuppressed individuals, cancer patients, or those hospitalized in Intensive Care Units (3) (4).

In the Brazilian hospital setting, Hospital Dentistry recently reached a historic milestone with CFO Resolution No. 262/2024, which officially recognized it as a dental specialty (5). The inclusion of dentists in this environment enhances the prevention, diagnosis, and management of oral pathologies that directly impact the patient's overall health and the outcome of medical procedures. However, the work of these professionals remains concentrated on the care of critically ill hospitalized patients and on oral and maxillofacial surgical procedures (6). This situation exposes a gap in care and highlights the need to expand dental care to the outpatient setting, promoting continuous integration with other specialties. This professional exchange is necessary in areas such as Otolaryngology—due to the anatomical proximity between the oral cavity and the upper aerodigestive tract—as well as Dermatology and Rheumatology, since several systemic diseases present concomitant manifestations in the skin, joints, and oral mucosa (7) (8).

To address this demand at a university hospital in Natal, Rio Grande do Norte (RN), and to promote interprofessional practice, a stomatology outpatient clinic was established at this hospital in 2023. The service involves the joint and simultaneous work of oral pathologists, medical pathologists, otolaryngologists, and dermatologists, focusing on the care of stomatological complaints. This study aims to epidemiologically characterize the care provided at this outpatient clinic and also analyze the clinical and histopathological data of oral biopsies reported at the same hospital. Epidemiological surveys are essential for understanding the prevalence and typology of oral pathologies, as the collected data allows for the development of better strategies for managing the most frequent diseases (1) (2).

## **2. METHODOLOGY**

**Study design and setting** - Observational and descriptive study, with a quantitative approach, conducted at the Onofre Lopes University Hospital (HUOL) in Natal, Rio Grande do Norte (RN), based on the analysis of primary data (collected from patients seen at the Interprofessional Stomatology Clinic of HUOL) and secondary data (collected from clinical records and histopathological reports from the archives of the Pathology Center (PC) of HUOL). It was conducted in accordance with the guidelines of the STROBE



initiative (Strengthening the Reporting of Observational Studies in Epidemiology).

**Primary Data Collection** - Primary data were collected over a period of 19 months (March 2024 to September 2025) during consultations at the Interprofessional Stomatology Clinic of HUOL. The study population comprised patients with stomatological complaints referred by the specialties of Dermatology, Otorhinolaryngology, and Rheumatology. Participants underwent clinical examination and, according to the needs of each case, were treated with medication, underwent biopsy, or were referred to other specialized services. Demographic variables (age and sex), clinical variables (characteristics and anatomical location of the lesion), clinical diagnostic hypothesis, histopathological diagnosis, and therapeutic approach were recorded.

**Secondary Data Collection** - To obtain secondary data, a retrospective survey was conducted in the electronic medical records system and the digital database of the PC of HUOL. The search in the PC system was performed using the following terms: "oral", "buccal", "mouth", "lip", "tongue", "salivary gland", "palate", and "buccal mucosa". The variables collected for analysis included: age, sex, anatomical location of the lesion, clinical diagnostic hypothesis, definitive histopathological diagnosis, and the type of biopsy performed.

**Data Analysis** - All data were organized in spreadsheets and subjected to descriptive statistical analysis, with calculation of absolute and relative frequencies, measures of central tendency (mean, median) and dispersion (standard deviation), and other analyses as applicable. The agreement between clinical and histopathological diagnosis was analyzed using the Kappa index, considering a p-value <0.05 for statistical significance.

**Ethical aspects** - This study is linked to two research projects duly approved by the Research Ethics Committee (CEP) of the Federal University of Rio Grande do Norte (UFRN) (CAAE 82324324.3.0000.5292 and CAAE 82154124.3.0000.5292).

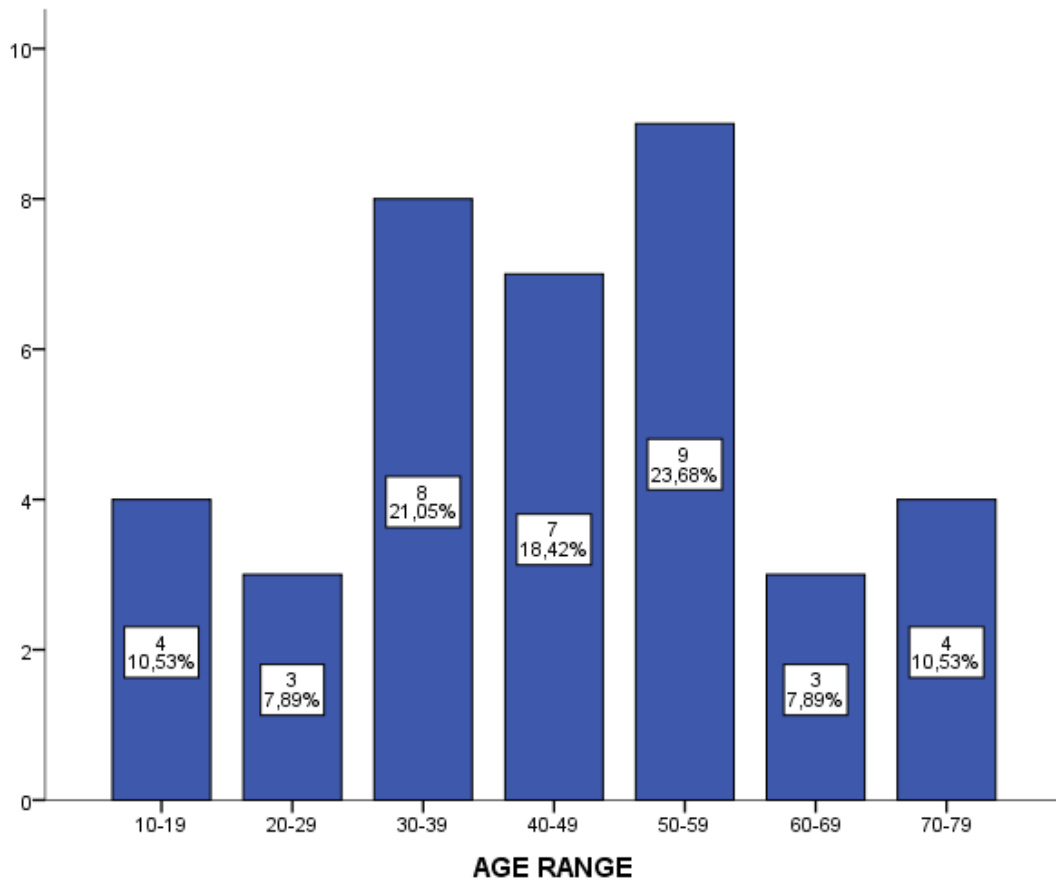
### **3. RESULTS**

**Consultations at the Interprofessional Stomatology Outpatient Clinic of HUOL** – The sample consisted of 38 patients, 26 (68.4%) female and 12 (31.6%) male. Age ranged from 14 to 77 years, with a mean of 45 years (SD±17.6). The predominant age group was the 6th decade of life (23.7%), followed by the 4th decade (21.1%) (Figure 1).

The data showed that 32 patients seen (84.1%) presented with oral lesions. The most frequent clinical pattern was nodular (28.1%), followed by ulcerated (18.8%) and bullous (15.6%) lesions. The most frequent anatomical location of the lesions was the tongue, observed in 13 cases (40.6%). Other locations included the lower lip, palate, and buccal mucosa (Table 1). The most frequent clinical diagnosis in the stomatological clinic was Sjögren's disease (16.7%), followed by mucocele (11.1%). Other suspected

diagnoses were: pemphigus, recurrent aphthous ulceration, traumatic fibroma, fibrous hyperplasia, lichen planus, and squamous cell carcinoma, among others (Table 1).

Figure 1 - Distribution by age group of cases treated at the Interprofessional Stomatology Clinic of the Onofre Lopes University Hospital, from March 2024 to September 2025. Natal, 2025.



Twenty patients participating in this study (52.6%) underwent biopsy, most of which were excisional (80.0%). Among the histopathological diagnoses of the lesions analyzed, the most frequent was fibrous hyperplasia (20%). Following this, mucocele and focal lymphocytic sialadenitis were observed, both representing 15% of the diagnoses. Other less frequent diagnoses were papilloma, squamous cell carcinoma, nonspecific chronic sialadenitis, and verruca vulgaris (Table 1). In the analysis of agreement between the presumed clinical diagnoses and the definitive histopathological diagnoses, the Kappa coefficient value was 0.71, showing a substantial agreement.

**Histopathological reports of oral pathologies from the PC of HUOL** – Eighty-seven histopathological reports of oral and/or maxillofacial lesions issued between January 2020 and September 2025 were analyzed. The temporal distribution shows a significantly higher number of oral biopsies received at the PC from the year 2023 onwards (Figure 2). Most patients were female (57.5%), with a mean age of 53 years (SD±20). The most represented age group was 60-69 years (23.3%) of cases, followed by the age group between 40 and 49 years (17.44%) (Figure 3).



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Table 1 – Clinical and histopathological data relating to patients treated at the Interprofessional Stomatology Outpatient Clinic of the Onofre Lopes University Hospital, from March 2024 to September 2025. Natal, RN.

<b>Variable</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Oral lesions (n=38)</b>		
Yes	32	84,1
No	6	15,7
<b>Clinical pattern of the lesions (n=32)</b>		
Nodular	9	28,1
Ulcerated	6	18,8
Bulous	5	15,6
Verrucous	2	6,3
Leukoplakic	1	3,1
Erythroleukoplakic	1	3,1
Others	8	25
<b>Anatomical location (n = 32)</b>		
Tongue	13	40,6
Lower lip	5	15,6
Hard palate	4	12,5
Buccal mucosa	3	9,3
Others	7	21,8
<b>Clinical diagnoses (n= 38)</b>		
Sjögren's disease	6	16,7
Mucocele	4	11,1
Pemphigus	3	8,3
Recurrent aphthous ulceration	3	8,3
Traumatic fibroma	3	8,3
Fibrous hyperplasia	2	5,6
Papilloma	2	5,6
Others	13	34,2
No diagnosis	2	5,6
<b>Performing a biopsy (n= 38)</b>		
Yes	20	52,6
No	18	47,3
<b>Type of biopsy (n=20)</b>		
Excisional	16	80
Incisional	4	20
<b>Histopathological diagnoses (n=20)</b>		
Fibrous hyperplasia	4	20
Mucocele	3	15
Focal lymphocytic sialadenitis	3	15
Papilloma	1	10
Squamous cell carcinoma	1	10
Others	8	40



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Figure 2 - Temporal distribution of the number of histopathological reports of oral lesions issued at the PC of Onofre Lopes University Hospital, from January 2020 to September 2025. Natal, 2025.

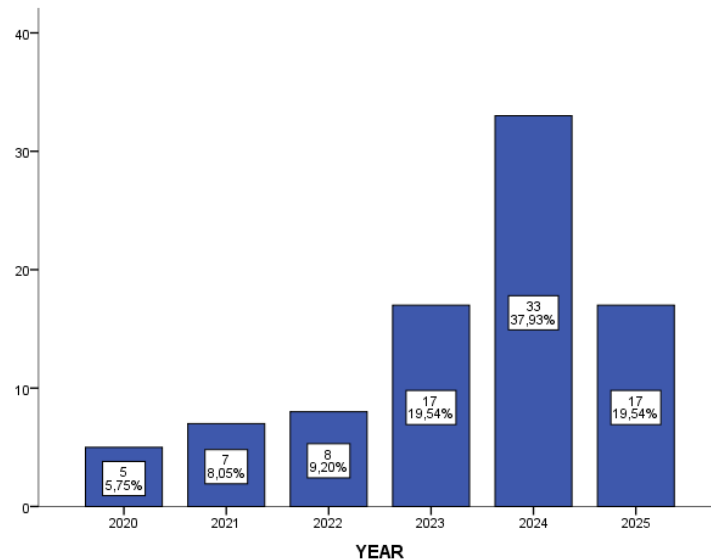
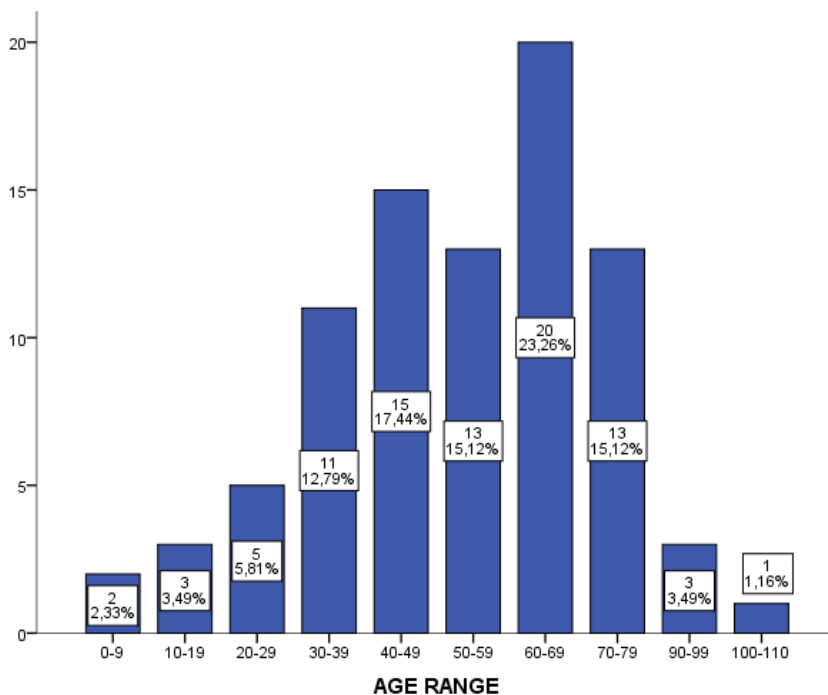


Figure 3 - Age profile of patients with oral lesions diagnosed at the Pathology Center of the Onofre Lopes University Hospital, from January 2020 to September 2025. Natal, 2025.



Regarding anatomical location, 84 oral lesions diagnosed at the PC of HUOL were analyzed. The most frequent anatomical locations were the lower lip, with 30 cases (34.4%), followed by the upper lip, with 25 cases (28.7%). Three clinical records did not specify the location. Concerning the clinical hypotheses provided in the requisition, in

44 cases (50.6%) there was no record of the diagnostic hypothesis in the histopathological report. Among those recorded, 9 cases were classified as "neoplasia" (10.3%) and 8 cases as squamous cell carcinoma (9.2%) (Table 2).

Table 2 – Data relating to anatomical location, clinical hypotheses, type of biopsy and histopathological diagnoses of oral lesions obtained from histopathological reports issued at the Pathology Center of the Onofre Lopes University Hospital, from January 2020 to September 2025. Natal, 2025.

<b>Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Anatomical location (n = 87)</b>		
Lower Lip	30	34,4
Upper lip	25	28,7
Salivary gland	9	10,3
Tongue	8	9,1
Buccal mucosa	4	4,5
Others	8	9,1
Not specified	3	3,4
<b>Clinical diagnoses (n= 87)</b>		
Neoplasia	9	10,3
Scamous Cell Carcinoma	8	9,2
Sjögren’s diseases	6	6,9
Fibrous hyperplasia	5	5,7
Basal cell carcinoma	4	4,6
Pemphigus vulgaris	2	2,3
Actinic cheilitis	1	1,1
Others	6	6,9
Not specified	44	50,6
<b>Type of biopsy (n= 87)</b>		
Excisional	47	54
Incisional	40	46
<b>Histopathological diagnoses (n=87)</b>		
Squamous cell carcinoma	19	21,8
Basal cell carcinoma	9	10,3
Actinic cheilitis	5	5,7
Fibrous hyperplasia	5	5,7
Normal oral mucosa	4	4,6
Melanocytic nevus	4	4,6
Hemangioma	3	3,4
Focal lymphocytic sialadenitis	3	3,4
Epithelial hyperplasia	3	3,4
Others	32	36,7

Among the oral lesions diagnosed at the PC, 54% of cases were from excisional biopsies, while 46% were from incisional biopsies. Among the histopathological diagnoses of the recorded oral lesions, the most frequent were squamous cell carcinoma, with 19 cases (21.8%), followed by basal cell carcinoma, with 9 cases (10.3%).



Other diagnoses included actinic cheilitis and fibrous hyperplasia, with 5 cases each (5.7%), in addition to other types of lesions at a lower frequency (Table 2). In the analysis of the agreement between the clinical and histopathological diagnoses of the oral lesions recorded at the PC of HUOL, the Kappa value was 0.35, characterizing a weak/reasonable agreement.

#### **4. DISCUSSION**

This study aimed to characterize the clinical and histopathological profile of oral lesions diagnosed in the context of a university hospital, both in the newly implemented Interprofessional Stomatology Outpatient Clinic and in the records of the Pathology Center. The comparative analysis between these primary (outpatient) and secondary (histopathological records) data highlights the importance of an interdisciplinary approach and the need for continuous integration between clinical practice and pathology in the diagnostic process and management of oral alterations. In the hospital setting, where patients frequently present with comorbidities and complex systemic conditions, this integration enables a more effective and comprehensive care flow. Furthermore, the results demonstrated that the structuring of specialized outpatient care has increased the referral of cases to the pathology service.

The Interprofessional Stomatology Clinic began its activities in 2023, and was created from dialogue between the Medical Residency programs in Pathology (which includes oral pathologists and medical pathologists), Otorhinolaryngology, and Dermatology. The importance of residents in these programs learning to recognize the main oral lesions they may encounter in their professional practice was recognized. In otolaryngology, the importance of the oral cavity stems from its close proximity to the nasopharynx and oropharynx, and it is also the site of access for examinations such as laryngoscopy. Therefore, otolaryngologists may frequently encounter various types of alterations in the oral mucosa, such as ulcers, nodules, blisters, and other clinical conditions (2). For dermatologists, the oral cavity is the site of manifestation of various localized or systemic dermatological diseases, such as pemphigus, pemphigoid, lupus, neurofibromatosis, among others, and often the oral manifestations occur before the dermatological ones (8). During this time of outpatient care, we also began to receive patients referred from Rheumatology, mostly for lower lip biopsies to confirm the diagnosis of Sjögren's disease and manage the oral clinical condition. This sharing of knowledge between preceptors and residents from different medical specialties proved to be scientifically enriching, reinforcing the relevance of early recognition of lesions and timely referral to a dentist specializing in Stomatology.

Analysis of data from consultations at the stomatology clinic showed that, although not as pronounced, there was a predominance of female patients (57.5%), corroborating previous studies that indicate a greater demand for health services by women (1), which may be related to sociocultural factors, such as greater concern for health, greater adherence to routine check-ups, and ease of communicating symptoms. A média de idade dos pacientes foi de 45 anos, com maior concentração na sexta década de vida (50 a 59 anos). The average age of the patients was 45 years, with the highest



concentration in the sixth decade of life (50 to 59 years). Individuals over 50 years of age have a higher risk of developing potentially malignant and malignant lesions (9), reinforcing the need for specialized care. Aging is associated with structural and functional changes in the oral mucosa, decreasing the capacity for epithelial renewal and increasing vulnerability to aggressive factors such as alcohol, smoking, trauma, and systemic diseases, compromising tissue repair (10).

The most frequently found lesion appearance during consultations was nodular (28.1%), which aligns with the literature showing a higher frequency of benign and reactive alterations in the oral cavity, such as fibrous hyperplasia (11). Factors such as local trauma, poorly fitting prostheses, and parafunctional habits favor this tissue proliferation. Furthermore, fibronodular lesions tend to cause greater visual concern in patients, motivating them to seek medical attention, while ulcerated or bullous lesions, although painful, are often neglected in the expectation of spontaneous resolution. The higher frequency of tongue lesions (34.2%) is also consistent with the literature, which indicates this region as one of the most affected by oral alterations due to its high vascularization, mobility, and constant exposure to irritants such as trauma, tobacco, and alcohol (12) (13). Histopathological examination at the outpatient clinic confirmed the predominance of the diagnosis of fibrous hyperplasia (20.0%).

A Sjögren's disease was the most frequent clinical diagnosis in the outpatient clinic (n=6), which is consistent with its description in the literature as one of the main causes of xerostomia and glandular alterations in stomatology services (14). As these patients were referred by the Rheumatology Department of HUOL — often already with positive serological tests — the Stomatology intervention focused on performing a minor salivary gland biopsy to complete the diagnostic arsenal and prescribing medication to improve the patient's clinical condition. Histopathological results confirmed the diagnosis in three cases (focal lymphocytic sialadenitis). In one case, however, the report was descriptive as 'nonspecific chronic sialadenitis'. In this last patient, the clinical history revealed positivity for anti-Ro and anti-La and long-standing dry mouth; it is inferred, therefore, that chronic and cicatricial acinar destruction prevented the visualization of the histopathological pattern of lymphocytic foci required by the criteria of the American Academy of Rheumatology (15).

Mucocele, a benign lesion associated with local trauma and mucus extravasation, was also common in this study. Although in some situations the lesion may have a more pinkish color and a more fibrous consistency than usual, in most cases the clinical history of local trauma and the description of recurrence in "appearing and disappearing" patterns usually elucidate the diagnosis clinically (7). For example, in one of the cases attended, the patient was accompanied by her daughter, a dermatologist who was unfamiliar with the clinical entity and its pathogenesis. By accompanying her mother to the consultation, she was able to learn more about conditions that can affect this anatomical region "shared" between dermatologists and dentists in clinical practice (lower lip). This clinical episode emphasizes the interprofessional nature of the service, demonstrating that common conditions in dental practice can generate anxiety in patients and physicians unfamiliar with oral semiology. In the present study, all



suspected mucoceles were referred and confirmed by histopathological examination.

Ulcerated and immune-mediated lesions were also part of the service's routine. Patients with a prior diagnosis of pemphigus or pemphigoid were referred by Dermatology for support and management of oral manifestations, receiving prescriptions for topical or systemic corticosteroid therapy, as well as laser therapy in specific cases. During the evaluated period, only one patient presented with a lesion clinically suspected of malignancy in the outpatient clinic, which was confirmed by histopathology and promptly referred to the oncology service.

The clinical and histopathological diagnoses of the analyzed lesions showed good agreement, with a Kappa coefficient of 0.719, according to the Landis and Koch classification (1977) (16). This finding demonstrates consistency in the clinical evaluation of oral lesions, reflecting an adequate correlation between clinical findings and microscopic examination. Similar results are reported in studies that indicate that the professional's experience and careful assessment of clinical characteristics increase diagnostic accuracy before histopathological confirmation (17).

In contrast, retrospective data from the PC of HUOL (2020 to 2025) revealed a different scenario regarding this agreement (Kappa=0,35). Analysis of histopathological reports of oral and maxillofacial lesions at this unit showed a significant increase in the number of oral biopsy cases after the creation of the outpatient clinic in 2023, jumping from 8 cases in 2022 to 17 in 2023 and reaching 33 in 2024. This reflects the consolidation of the activities of this outpatient clinic and the strengthening of the integration between Stomatology and Pathology at HUOL. The majority of diagnosed lesions came from women (57.5%), and the most affected age group was the seventh decade of life (60 to 69 years).

The lower lip was the most prevalent anatomical site. This is a region where lesions such as actinic cheilitis and squamous cell carcinoma frequently develop due to exposure to ultraviolet radiation (18). In the context of our study, this predominance may be related to the characteristics of this geographic region, marked by intense sun exposure, and by the high proportion of workers who perform their activities outdoors, which significantly increases the risk of damage to this anatomical location. However, we consider that this labial predominance also stems from two particularities of the service: the significant volume of referrals from Dermatology (focused on the vermilion border of the lip) and the systematic performance of minor salivary gland biopsies for the investigation of Sjögren's disease. Furthermore, mucoceles were also common.

The second most common anatomical location for oral lesions diagnosed at the PC was the upper lip. Lesions in this oral site are not as frequent as in other sites (e.g., tongue and buccal mucosa). This is certainly related to the origin of the Dermatology Sector at HUOL. The histopathological reports from these anatomical locations seem to corroborate this explanation: the prevalent diagnoses were squamous cell carcinoma (n=6) and basal cell carcinoma (n=5).



A critical finding in the analysis of the PC data was the absence of a diagnostic hypothesis in 44 of the 87 reports evaluated. In cases where a record was present, the most common terms were "neoplasia" (n=9) and "squamous cell carcinoma" (n=8). This informational gap may stem from either the absence of a clinical hypothesis in the original physical request or the omission of this data when the reports were entered into the system. This inconsistency represents a methodological limitation for this and future studies aiming to evaluate diagnostic agreement from secondary records. This limitation was directly reflected in the PC Kappa coefficient, which was 0.35, indicating only weak/reasonable agreement.

Histopathological findings revealed a predominance of malignant lesions: squamous cell carcinoma (21.8%) and basal cell carcinoma (10.3%), a pattern consistent with the literature, which indicates the former as the most common type of oral cancer (18). Lesions such as actinic cheilitis and fibrous hyperplasia (5.7% each) were also observed. However, when comparing the findings from histopathological reports (PC) alone with the histopathological findings of lesions from the Interprofessional Stomatopathology Clinic, we see a large difference in the type of lesions found (predominance of malignant lesions in the former and benign/reactive lesions in the latter). We believe that these data corroborate what we said above: we believe that this large number of malignant lesions comes from the strong performance of the Dermatology Clinic in referring biopsies of the lower and upper lip for histopathological diagnosis in recent years.

When comparing the two realities (interprofessional outpatient clinic vs. PC), it is noticeable that the lesions referred to the laboratory before the consolidated outpatient clinic presented a greater severity bias (predominance of malignant lesions originating from Dermatology), in addition to the fragility in the recording of hypotheses. In short, the discrepancy between the Kappa values (0.719 in the outpatient clinic vs. 0.35 in the general records) confirms the crucial importance of a team specialized in Stomatology actively participating in the requisition and discussion of clinical cases, ensuring greater diagnostic accuracy and agility in the management of complex oral lesions.

## **5. CONCLUSIONS**

The Interprofessional Stomatology Clinic at HUOL is consolidating itself as a strategic space for oral health care in the hospital setting, promoting specialized care, interdisciplinary integration, and academic training. The joint work of stomatologists, clinicians, pathologists, and students favors accurate diagnosis and proper management of oral lesions, strengthening the comprehensive approach to the patient.

The analysis of the histopathological reports from CP of HUOL shows the service's growth as a reference in the diagnosis of oral and maxillofacial alterations. The low concordance observed between clinical and histopathological diagnoses highlights the importance of maintaining and recording the suspected clinical diagnosis in the reports.



This practice is essential so that the professional who receives the result can verify whether their diagnostic hypothesis has been confirmed or not, contributing to the improvement of clinical accuracy and a more effective integration with Stomatology.

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