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Article

Retrospective Study of the Concordance Between Clinical and Histopathological Diagnosis in Oral Pathology

Estudio retrospectivo de la Concordancia entre Diagnóstico Clínico e Histopatológico en Patología Oral

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ABSTRACT:
Objectives: Evaluate the agreement between the clinical and histopathological diagnosis of oral lesions in patients submitted to biopsies. Identify the most frequent oral lesions and their correlation with age, gender, and anatomical location. **Methods:** A retrospective study of 368 pathological examinations collected between 2008 and 2018, corresponding to biopsies performed at the *Clínica Universitária Egas Moniz*. A detailed analysis of the histopathological reports attached to the patients' files was made and the variables gender, age, anatomical site, clinical diagnosis, and histopathological diagnosis was evaluated. **Results:** The most affected gender was female (55%); the most common age group was 61-70 years old; The most biopsied anatomical location was the gum (23.9%); the five most common pathological entities were fibroma(26.4%),root cyst(8.7%),oral lichen planus(7.6%), hemangioma (6.3%) and oral leukoplakia (6.0%). On agreement, 74.5% of the cases were concordant and 25.5% discordant. The most concordant lesions were Radicular Cyst (90.6%), Traumatic Injury (87.5%), Hemangioma (82.6%), Fibroma (82.5%) and Mucocele (82.5%). **Conclusion:** this study proves a significant level of agreement between clinical and histopathological diagnosis in this particular area, consistently obtained in a ten years period of time.

Keywords: Agreement; Clinical Diagnosis; Histological Diagnosis; Oral Lesions.

1. Introduction

Epidemiological knowledge regarding injuries or diseases with oral expression is extremely important for the dentist. The multiplicity of presentations justifies an accurate and descriptive clinical history (CH),identifying the main characteristics such as shape, location, color, size, surface, consistency, symptomatology, duration, among others(Gonsalves, Chi & Neville, 2007).

Although the rare lesions whose diagnosis can be inferred through clinical analysis , it is important to confirm the diagnosis through other complementary means, being the anatomopathological examination, in its multiple aspects, the procedure of choice (Malawalla *et al.*, 1967).

The histological examination procedures we referred are based in general medical terms on histological analysis. However, pathological anatomy does not limit its results to these procedures, but may include cytopathology (exfoliative and aspiration), clinical autopsies, complementary morphological diagnostic techniques, immunohistochemical techniques, and advanced molecular biology techniques. We also refer to the possibility that the histological examination could be performed based on ultrastructural electron microscopy (available at *Instituto Universitário Egas Moniz-IUEM* (DGS, Portugal, 2003; DR-Portugal, 2014)

With the purpose of contributing to the improvement of the knowledge about the prevalence of lesions that affect the oral cavity and to evaluate the agreement between the clinical and histopathological diagnosis of oral lesions in *Clínica Universitária Egas Moniz (CUEM)*, a retrospective study was conducted through analysis of biopsies performed at the University Clinic between 2008 and 2018 .

2. Methods

In this retrospective study an initial list of 527 pathological examinations were obtained between 2008 and 2018,in which 61 of these records were excluded because they were held at unavailable archives, 42 did not confirmed consent, 53 did not contained clinical diagnosis information, and only

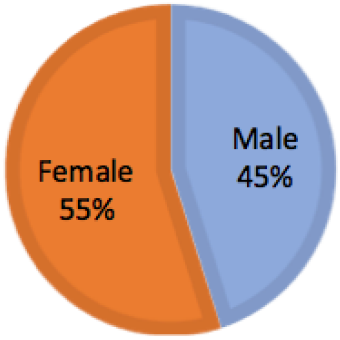
3 exams were inconclusive. This happened because reports with contradictory information and whose clinical information and microscopic description were not sufficient to establish a final diagnosis. Thus, 368 pathological reports of patients who were submitted by one or more biopsies performed at the *Clínica Universitária Egas Moniz*, which contained informed consent duly completed by themselves, were included. Gender, age, anatomical location, clinical diagnosis, histological diagnosis, agreement, and disagreement were recorded. The data collected from CH was analyzed by descriptive statistics method and the level of agreement between clinical and histopathological diagnosis was presented in percentage terms.

After submission to the Ethics Committee of *Instituto Universitário Egas Moniz*, the study was accepted unanimously.

3. Results

The sample analyzed constituted 350 individuals, which means that there were nine patients who under went two biopsies. Of the 350 individuals, 192 were females (55%) and 158 males (45%).

Graphic 1.
Distribution by gender.



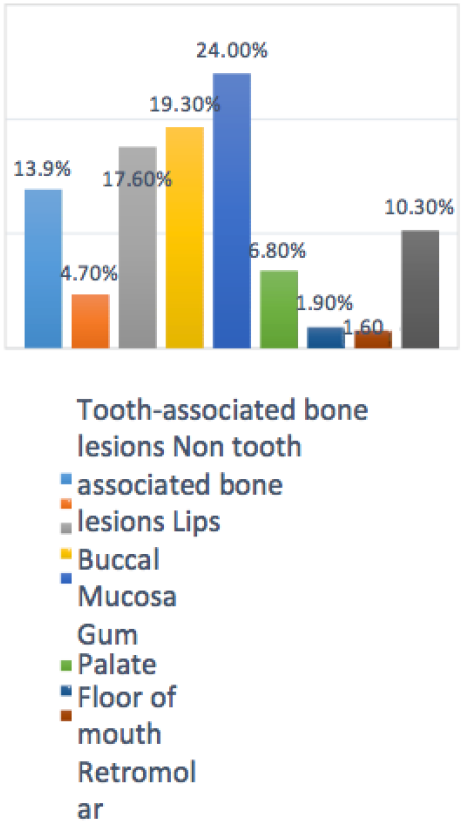
About age, there is a higher prevalence between 61 and 70 years old (25.4%) and the least prevalent age was between 10 and 20 years (6.3%). The age range of the sample studied was between 10 and 87 years old.

Table 1.
Distribution by age.

Age (years)	Frequency (N)	Percentage (%)
10-20	22	6.3%
21-30	28	8.0%
31-40	33	9.4%
41-50	58	16.6%
51-60	74	21.1%
61-70	89	25.4%
>70	46	13.1%
Total	350	100%

Regarding the anatomical site, the gum was the most prevalent (24%), followed by the buccal mucosa (19.3%) and the lips (17.6%). The least frequent were the floor of mouth (1.9%) and the retromolar (1.6%).

Graphic 2.
Distribution of the anatomical location.



For all oral lesions found in *CUEM* between 2008 and 2018, after the exclusion criteria, 368 lesions were obtained, as already mentioned. The five most prevalent lesions were Fibroma (Fb) -26.4%, Radicular Cyst (RC) -8.7%, Oral Lichen Planus (OLP) – 7.6%, Hemangioma (He) – 6.3% and finally Oral Leukoplakia (OL) – 6.0%. Epulis fissuratum and Traumatic Injuries were recorded with the same percentage (2.2%) and with 1.9%, Amalgam Tattoo and Salivary Gland.

The remaining oral lesions ranged from 1.1% to 0.3%, being the least prevalent in the sample, with only one case, such as Actinic Cheilitis, Erythroplasia, Carcinoma in situ, Smoking Melanosis, Torus, Odontoma and Herpes Simplex

Table 2.
Prevalence of oral lesions in CUEM with respective percentage within each group and absolute frequency of each oral lesion.

Histological Diagnosis and respective group	Percentage within pathology group (%)	Absolute frequency and percentage of total sample N (%)
Connective Tissue Lesions		
Fibroma	82.2%	97 (26.4%)
Lipoma	9.3%	11 (3.0%)
Epulis fissuratum	6.8%	8(2.2%)
Generalized Gingival Hyperplasia	1.7%	2(0.5%)
Cysts of the Jaws		
Radicular Cyst	55.2%	32(8.7%)
Dentigerous Cyst	25.9%	15(4.1%)
Residual Cyst	19%	11(3.0%)
White Lesions		
Oral Lichen Planus Oral	49.1%	28(7.6%)
Leukoplakia	38.6%	22(6.0%)
Fordyce's Granules	7%	4(1.1%)
Candidiasis	3.5%	2(0.5%)
Actinic Cheilitis	1.8%	1(0.3%)
Red-Blue Lesions		
Hemangioma	52.3%	23(6.3%)
Pyogenic Granuloma	27.3%	12(3.3%)
Traumatic Injury	18.2%	8(2.2%)
Erythroplakia	2.3%	1(0.3%)
Verrucal-Papillary Lesions		
Squamous Papiloma	78.3%	18 (4.9%)
Verrucous Carcinoma	13.0%	3(0.8%)
Condyloma Acuminatum	8.7%	2(0.5%)
Salivary Gland Diseases		
Mucocele	89.5%	17 (4.6%)
Sialolithiasis	10.5%	2 (0.5%)
Ulcerative Conditions		
Squamous Cell Carcinoma Traumatic	70.6%	12 (3.3%)
Ulcerations	23.5%	4(1.1%)
Carcinoma *in Situ*	5.9%	1(0.3%)
Pigmented Lesions		
Amalgam Tattoo Oral	58.3%	7(1.9%)
Nevus Oral	16.7%	2(0.5%)
Melanotic Macule	16.7%	2(0.5%)
Smoking-Associated Melanosis	8.3%	1(0.3%)

Histological Diagnosis and respective group	Percentage within pathology group (%)	Absolute frequency and percentage of total sample N (%)
Benign Nonodontogenic Tumors		
Central Giant Cell Granuloma	80%	4(1.1%)
Torus	20%	1(0.3%)
Other Lesions		
Salivary gland (*Minor*)	46.7%	7(1.9%)
Apical Granuloma	26.7%	4(1.1%)
Pemphigus vulgaris	13.3%	2(0.5%)
Herpes Simplex	6.7%	1(0.3%)
Odontoma	6.7%	1(0.3%)

Table 3 indicates the distribution of the five most prevalent lesions considering gender and age group. Thus, Fb and He lesions were predominant in females (61.9%; 60.9%), whereas RC and OL lesions were predominant in men (62.5%; 54.5%), on the other hand, the OLP did not obtain gender differences. Concerning age group, except for OLP, which was more prevalent between 51-60 years old, all other injuries were predominant in the age group between 61-70 years old. It is also important to note that OL did not obtain any case registration between the first and third decade of life.

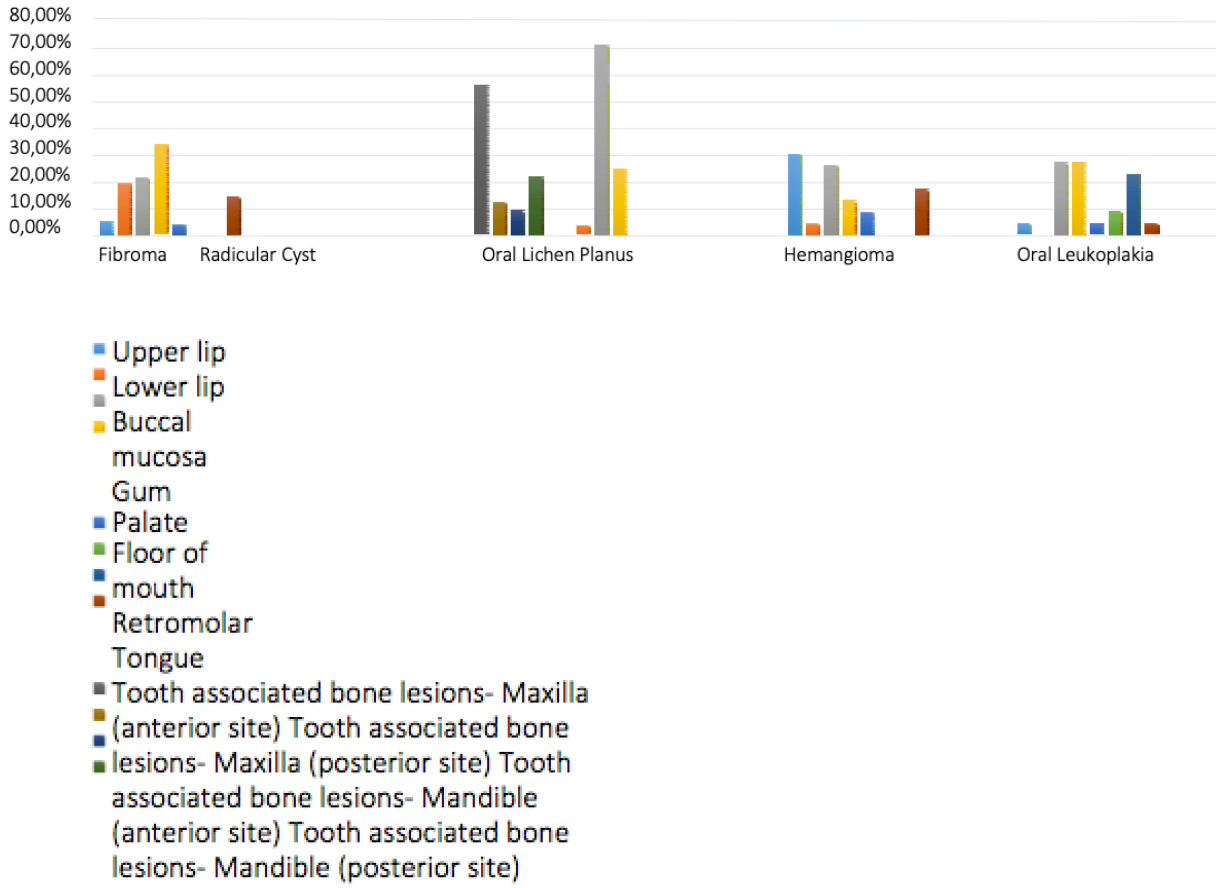
Table 3.

Distribution of the five most prevalent oral lesions by gender and age group.

Oral Lesions	10-20	21-30	31-40	41-50	51-60	61-70	>70	Total of genders
	F M	F M	F M	F M	F M	F M	F M	F M
Fibroma	0 2	3 2	4 3	14 8	18 5	15 12	6 5	60 37
Radicular Cyst	1 1	1 3	2 6	1 1	1 0	3 8	3 1	12 20
Oral Lichen Planus	0 1	0 1	0 1	3 3	5 3	5 1	1 4	14 14
Hemangioma	0 0	0 1	2 0	1 1	3 2	4 4	4 1	14 9
Oral Leukoplakia	0 0	0 0	1 0	2 2	3 3	3 5	1 2	10 12

Graphic 3 illustrate the distribution of the five most prevalent lesions by anatomical location. It shows that Fb was more common in gum (34.0%), buccal mucosa (21.6%), and lower lip (19.6%), and the less affected site was the floor of mouth (1.0%). The RC affected the maxilla (anterior region) in 56.2% and the mandible, posterior region (21.9%). The less affected areas were the maxillary posterior region (12.5%) and mandible, anterior region (9.4%). OLP was only analyzed in the buccal mucosa (71.4%), gum (25.0%) and lower lip (3.6%). He was more common in the upper lip (30.4%), the buccal mucosa (26.1%) and the tongue (17.4%). Finally, the OL obtained an equitable percentage in the buccal mucosa and gum (27.3%) and the retromolar was also significant (22.7%).

Graphic 3.
Distribution of the five most prevalent lesions and correlation with the variable anatomical site location.



In order to evaluate the agreement between the clinical and anatomopathological diagnosis of oral lesions filed in the *CUEM* between 2008 and 2018,after the exclusion criteria, a comparison was made between the clinical and histological characteristics with the purpose of verify whether the result provided by the pathological laboratory was in agreement or disagreeing with the hypotheses of clinical diagnosis. The variable "clinical diagnosis" was used only to obtain a comparison between this probable diagnosis (clinical) and the final diagnosis (histopathological), with intention of assessing agreement. The "concordant" variable means that any of the clinical hypotheses is coincident with the pathological outcome; instead, the "discordant" variable assumes that any of the clinical hypotheses does not agree with the histological diagnosis. For reliable results, examinations without clinical diagnosis and inconclusive histological diagnosis were recorded, excluding them from the final sample.Thus,274 concordant cases(74.5%)and 94 discordant cases (25.5%) were analyzed.

Referring to the compatibility between the clinical and anatomopathological diagnosis of oral lesions, Table 4 shows the agreement between oral lesions. With 100% agreement, such as Dentigerous Cyst, Residual Cyst, Erythroplasia, Sialolithiasis, Torus, Herpes Simplex and the Pemphigus Vulgaris. The highest percentage of agreement was found in RC(90.6%),Traumatic Injury(87.5%),He(82.6%), Fb(82.5%) and Mucocele (82.4%) lesions. There were situations in which both concordant and

discordant cases had the same frequency, such as Epulis fissuratum, Generalized Gingival Hyperplasia, Candidiasis, Condyloma Acuminatum and Oral Nevus. The oral lesions discordant with the clinical diagnosis were Carcinoma *in Situ*, Melanotic Macula, Actinic Cheilitis, Smoking-Associated Melanosis and finally, Odontoma.

Table 4.
Agreement and disagreement diagnostic between oral lesions.

Histological Diagnosis and respective group	Agreement- N (%)	Disagreement- N (%)
Connective Tissue Lesions		
Fibroma	80(82.5)	17(17.%)
Lipoma	3 (27.3%)	8(72.7%)
Epulis fissuratum	4(50%)	4(50%)
Generalized Gingival Hyperplasia	1(50%)	1(50%)
Cysts of the Jaws		
Radicular Cyst	29(90.6%)	3 (9.4%)
Dentigerous Cyst	15(100%)	0%
Residual Cyst	11(100%)	0%
White Lesions		
Oral Lichen Planus	21 (75%)	7 (25%)
Oral Leukoplakia	14(63.6%)	8 (36.4%)
Fordyce's granules	1(25%)	3(75%)
Candidiasis	1(50%)	1(50%)
Actinic Cheilitis	0%	1 (100%)
Red-Blue Lesions		
Hemangioma Pyogenic	19(82.6%)	4(17.4%)
Granuloma Traumatic	8(66.7%)	4(33.4%)
Injury	7(87.5%)	1(12.5%)
Erythroplakia	1(100%)	0%
Verrucal-Papillary Lesions		
Squamous Papiloma Verrucous	14(77.8%)	4(22.2%)
Carcinoma	2 (66.7%)	1(33.3%)
Condyloma Acuminatum	1 (50%)	1 (50%)
Salivary Gland Diseases		
Mucocele	14(82.4%)	3 (17.6%)
Sialolithiasis	2 (100%)	0%
Ulcerative Conditions		
Squamous Cell Carcinoma	8 (66.7%)	4 (33.4%)
Traumatic Ulcerations	3 (75%)	1 (25%)
Carcinoma *in Situ*	0%	1 (100%)

Histological Diagnosis and respective group	Agreement- N (%)	Disagreement- N (%)
Pigmented Lesions		
Amalgam Tattoo Oral	3 (42.9%)	4 (57.1%)
Nevus Oral	1 (50%)	1 (50%)
Melanotic Macule	0%	2(100%)
Smoking-Associated Melanosis	0%	1(100%)
Benign Nonodontogenic Tumors		
Central Giant Cell Granuloma	1 (25%)	3 (75%)
Torus	1 (100%)	0%
Other Lesions		
Salivary gland (*Minor*)	3 (42.9%)	4 (57.2%)
Apical Granuloma	3 (75%)	1 (25%)
Pemphigus vulgaris	2(100%)	0%
Herpes Simplex	1(100%)	0%
Odontoma	0%	1 (100%)

4. Discussion

Dentist analyses is very important in the early detection of oral lesions to prevent, diagnose and treat oral diseases. It is essential to use the complementary means to obtain a definitive diagnosis, the biopsy, and the microscopic examination; these are considered the gold standard techniques. It is also important to mention that the patient's CH must be correctly filled with objective to ruling out habits or even systemic diseases that may be related to oral lesions (Emamverdideh *et al.*, 2019; Santos *et al.*, 2012)

After the exclusion criteria, from a sample of 527 anatomopathological exams primarily elective, 368 were analyzed, witch correspond to 350 individuals, 55% female and 45% male, these results agree with several authors (Alhindi *et al.*, 2019; Aquino *et al.*, 2010). The higher prevalence in relation to females may be justified by the fact that women were more concerned with their oral health and were more frequent in appointments (Alhindi *et al.*, 2019; Guedes *et al.*, 2015; Hoff *et al.*, 2016).

In the present study were evaluated patients between 10 and 87 years. The most common age groups were between61and70yearsold(25.8%)and the least frequent were between 10 and 20 years old (6.3%).These results corroborate the studies of several authors (Guedes *et al.*,2015; Souza, Soares & Moreira, 2014)**.** On the other hand, Yakin et al. state that the third decade was the most prevalent and the least common was the tenth decade (Yakin *et al.*, 2016).

The most common site was gum (23.9%), buccal mucosa (19.3%) and lips (17.6%). The results agree with several previous studies (Aquino *et al.,* 2010; Sixto-Riqueijo et al., 2012).

The five most prevalent oral lesions in the study were Fb (26.4%), RC (8.7%), OLP (7.6%), He (6.3%) and OL (6%). Although many studies do not show the same oral lesions and their percentages, there are studies that present the Fb as the most frequent lesion (Hoff *et al.*, 2016; Kansky *et al.*, 2018).

About the clinical entity Fb, it was more prevalent in female patients aged 51-60 years and the predominant locations were gum (34%), buccal mucosa (21.6%) and lower lip (19.6%). These results are similar to previous studies (Ali & Sudaram, 2012; Monteiro *et al.*, 2016; da Silva *et al.*, 2019).

The RC was prevalent in men aged between 61 and 70 years and the prevailing zone was the maxilla, anterior region (56.2%). These results agree with the Dovigi *et al.* study. Several authors describe this lesion as being more frequent in female patients (Cabral *et al*, 2000; Pereira et al., 2010). On the other hand, other authors point out to be the third decade of life as the most prevalent age (Cabral et al, 2000; Monteiro et al, 2004; Açikgoz et al., 2012).

Regarding OLP, did not obtain gender differences, the prevalent age was between 51 and 60 years, with the predominant location being the buccal mucosa (71.4%). The other studies evaluated more cases in female gender, but for the age and anatomical site, the in the present investigation corroborate with the other studies (Monteiro *et al.*, 2016; Mathew *et al.*, 2008; Brzak *et al.*, 2012; Al-Maweri *et al.*, 2018)**.**

For the lesion, it was predominant in women aged 61-70 years and the most frequent locations were the upper lip (30.4%), buccal mucosa (26.1%) and gum (17.4%). Some authors have also analyzed more female patients (Monteiro *et al.*, 2016; da Silva *et al.*, 2019). Other authors disagree and point to the male gender as the predominant one. The same authors also indicate similar results for age and anatomical location (Dovigi *et al.*, 2016; Glowaka & Konopka, 2018).

Finally, OL was more frequent in male patients aged 51 to 60 years, with no case record before and including 30 years. This lesion obtained an equitable percentage of 27.3% for the buccal mucosa and gum and with 22.7% for the retromolar. These results agree with other studies (Monteiro *et al*, 2016; Mathew *et al*, 2018; Al-Maweri *et al.,* 2018).

Regarding the agreement between the clinical and anatomopathological diagnosis of oral lesions found in *CUEM* between 2008 and 2018, there were 274 concordant cases (74.5%) and 94 discordant cases (25.5%).Thus, in general terms there is no difference in the results obtained from other studies. (Emamverdizadeh *et al.,* 2019; Aquino *et al.,* 2010; Souza, Soares & Moreira, 2014). For agreement between oral lesions, 100% of the lesions, Dentigerous and Residual Cyst, Erythroplasia,

Sialolithiasis, Torus, Pemphigus Vulgaris, and Herpes Simplex were recorded. These results disagree with some studies that point to OLP and OL as the 100% concordant lesions. (Fattahi *et al.*, 2014; Saravani *et al.*, 2016).

It was also verified that with a high level of agreement, were obtained RC (90.6%), Traumatic Injury (87.5%), He (82.6%), Fb (82.5%) and Mucocele (82.4%). In general, the results obtained agree with several studies (Saravani *et al.*, 2016; Villa *et al.*, 2016).

5. Conclusion

In the universe of these study, general agreement was obtained in 74.5% of the cases (274) and disagreement was identified in 25.5% of the cases (94). The highest percentage of agreement was found in RC (90.6%), Traumatic Injury (87.5%), He (82.6%), Fb (82.5%) and Mucocele (82.4%). Otherwise, the fact that 35 pathological entities were obtained underlines the importance of performing pathological examinations and warns the importance of this area of dentistry in daily appointments

6. Acknowledgments

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7. Conflict of Interest

The authors declare no conflicts of interest towards the present study

8. Ethical Aspects

This study was approved for the Ethics Committee of *Instituto Universitário Egas Moniz*.

References

Açikgöz A, Uzun-Bulut E, ÖzdenB, Gündüz K. Prevalence and distribution of odontogenic and nonodontogenic cysts in a Turkish population. Med Oral Patol Oral Cir Bucal.2012;17(1):0–7. https://doi.org/10.4317/medoral.17088

Ali M, Sundaram D. Biopsied oral soft tissue lesions in Kuwait: A six-year retrospective analysis. Med Princ Pract. 2012;21(6):569–75. https://doi.org/10.1159/000339121

Al-Maweri SA, Al-Jamaei A, Saini R, LarondeDM, Sharhan A. White oral mucosal lesions among the Yemeni population and their relation to local oral habits. J Investig Clin Dent.2018;9(2):e12305. https://doi.org/10.1111/jicd.12305

Alhindi N, Sindi A, Binmadi N, Elias W. A retrospective study of oral and maxillofacial pathology lesions diagnosed at the Faculty of Dentistry, King Abdulaziz University. Clin Cosmet Investig Dent. 2019; Volume11:45–52. https://doi.org/10.2147/CCIDE.S190092

Aquino SN de, Martelli DRB, Borges SP, Bonan PRF, Júnior HM. Concordância entre diagnóstico clínico e histopatológico de lesões bucais. Rev Gaúcha Odontol. 2010;58(3):345–9. http://revodonto.bvsalud.org/scielo.php?pid=S1981-86372010000300011&script=sci_arttext

Brzak BL, Mravak-Stipetić M, Canjuga I, Baricević M, Balicević D, Sikora M, et al. The frequency and malignant transformation rate of oral lichen planus and leukoplakia--a retrospective study. Coll Antropol.2012;36(3):773–777. https://hrcak.srce.hr/89407

Cabral, C.T; Ramalhão, J; Mesquita, P; David, L; Felino A. Análise retrospetiva de 724 biópsias da cavidade oral. Rev Port EstomatolMed Dentária e Cir Maxilofac [Internet]. 2000;41(4):169–75. Available from: https://repositorio-aberto.up.pt/bitstream/10216/25291/2/78033.pdf

da Silva LAB, Monroy EAC, Serpa MS, de Souza LB. Oral benign neoplasms: A retrospective study of 790 patients over a 14- year period. Acta OtorrinolaringolEsp [Internet]. 2019;70(3):158–64. Available from: https://doi.org/10.1016/j.otorri.2018.04.005

Direção-Geral da Saúde. Rede de Referenciação Hospitalar de Anatomia Patológica [Internet]. Lisboa: Direção- Geral da Saúde; 2003. 36 p. Available from: https://www.dgs.pt/planeamento-de-saude/hospitais/redes-referenciacao-hospitalar/rede-de-referenciacao-hospitalar-de-anatomia-patologica-pdf.aspx

Dovigi EA, Kwok EYL, Eversole LR, DovigiAJ. A retrospective study of 51,781 adult oral and maxillofacial biopsies. J Am Dent Assoc [Internet]. 2016;147(3):170–6. Available from: http://dx.doi.org/10.1016/j.adaj.2015.09.013

Emamverdizadeh P, Arta SA, Ghanizadeh M, Negahdari R, Ghavimi MA, Ghoreishizadeh A, et al. Compatibility of clinical and histopathological diagnosis of oral lesions in Iranian patients. Pesqui Bras Odontopediatria Clin Integr.2019;19(1):1–7. https://doi.org/10.4034/pboci.2019.191.01

Fattahi S, Vosoughhosseini S, MoradzadehKhiavi M, Mostafazadeh S, GheisarA. Consistency rates of clinical diagnosis and histopathological reports of oral lesions: a retrospective study. J Dent Res Dent Clin Dent Prospects.2014;8(2):111–3. https://doi.org/10.5681/joddd.2014.020

Głowacka B, Konopka T. Prevalence of oral mucosal lesions in young seniors in the Wrocław region. Dent Med Probl. 2018;55(4):405–10. https://doi.org/10.17219/dmp/97310

Gonsalves WC, Chi AC, Neville BW. Common Oral Lesions : Part I . Superficial Mucosal Lesions. Am Fam Physician. 2007.

Guedes MM, Albuquerque R, Monteiro M, Lopes CA, do Amaral JB, Pacheco JJ, et al. Oral soft tissue biopsies in Oporto, Portugal: An eight year retrospective analysis. J Clin Exp Dent.2015;7(5):e640–8. https://doi.org/10.4317/jced.52677

Hoff K, Silva SO da, Carli JP.De. Levantamento epidemiológico das lesões bucais nos pacientes atendidos nas clínicas da Faculdade de Odontologia da Universidade de Passo Fundo. Rev da Fac Odontol - UPF.2016;20(3):319–24. http://revodonto.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-40122015000300008&lng=en&nrm=iso

Kansky AA, Didanovic V, Dovsak T, Brzak BL, Pelivan I, TerlevicD. Epidemiology of oral mucosal lesions in Slovenia. Radiol Oncol.2018;52(3):263–6. https://doi.org/10.2478/raon-2018-0031

Mathew, Anuna Laila; Pai, Keerthilatha M; Sholapurkar, Amar A; Vengal M. The prevalence of oral mucosal lesions in patients visiting a dental school in Southern India. Indian J Dent Res. 2008;19(2):99–103. https://doi.org/10.4103/0970-9290.40461

Malaowalla, A. M.; Silverman, S; Mani, N.J; Bilimoria, K.F; Smith L. Oral cancer in 57,518 industrial workers of gujarat, india.1967;37(4):1882–6. https://acsjournals.onlinelibrary.wiley.com/doi/pdf/10.1002/1097-0142(197604)37:4%3C1882::AID-CNCR2820370437%3E3.0.CO;2-2

Monteiro LS, Albuquerque R, Paiva A, de la Peña-Moral J, Amaral JB, Lopes CA. A comparative analysis of oral and maxillofacial pathology over a 16-year period, in the north of Portugal. Int Dent J.2016;67(1):38–45. https://doi.org/10.1111/idj.12258

Monteiro, Luís; de la Peña, Jesus; Paiva, António; Bento, Maria José; do Amaral JB. Estudo Anatomo-Clínico de Quistos dos Maxilares. Rev Port Estomatol Med Dentária e Cir Maxilofac [Internet]. 2004;23–33. http://www.spemd.pt/imagens/anexo_326.pdf

Pereira JV, Figueirêdo DU De, Souza EA, Holmes TSV, Gomes DQDC, Cavalcanti ALC. Prevalência de cistos e tumores odontogênicos em pacientes atendidos na Fundação Assistencial da Paraíba: estudo retrospectivo. ArqemOdontol [Internet]. 2010;46(2):75–81. Available from: http://revodonto.bvsalud.org/pdf/aodo/v46n2/a03v46n2.pdf

Portaria n.º 165/2014, de 21 de agosto. Diário da República [Internet]. 2014;Série 1(160):4364–72. Available from: https://data.dre.pt/eli/port/165/2014/08/21/p/dre/pt/html

Santos, Pollyanna De Souza; Bonan, Paulo Rogério Ferreti; Freitas, Daniel Antunes; de Moura, Altair Soares; Moreira G. Prevalência de lesões bucais diagnosticadas pelo laboratório de patologia bucal da Faculdade de Odontologia da Funorte no período de 2005 a 2008 Prevalence of oral lesions observed by the oral pathology laboratory of the FUNORTE Dentistry School in the pe.2012;1–7. http://www.ruc.unimontes.br/index.php/unicientifica/article/view/106

Saravani, Shirin; MahyaTavakoli, MahyaAmin ;Kadeh H. Compatibility Rate of Clinical and Histopathologic Diagnosis of Oral Lesions in Zahedan Dental School during 1999-2015. J Dent Mater Tech.2016;5(3):138–44. https://dx.doi.org/10.22038/jdmt.2016.6957

Sixto-Requeijo R, Diniz-Freitas M, Torreira-Lorenzo JC, García-García A, Gándara-Rey JM. An analysis of oral biopsies extracted from 1995 to 2009, in an oral medicine and surgery unit in Galicia (Spain). Med Oral Patol Oral Cir Bucal. 2012;17(1):1–7. https://doi.org/10.4317/medoral.17143

Souza JGS, Soares LA, Moreira G. Concordância entre os diagnósticos clínico e histopatológico de lesões bucais diagnosticadas em Clínica Universitária. Rev Odontol da UNESP.2014;43(1):30–5. https://doi.org/10.1590/S1807-25772014000100005

Villa A, Nordio F, Strohmenger L, AbatiS. Clinical–pathologic Agreement for Oral Lesions in an Oral Medicine Setting. Am J Oral Med.2016;2(1):1–10. https://doi.org/10.37786/ajom.9

Yakin M, Jalal JA, Al-Khurri LE, Rich AM. Oral and maxillofacial pathology submitted to Rizgary Teaching Hospital: A 6-year retrospective study. Int Dent J.2016;66(2):78–85 https://doi.org/10.1111/idj.12211

RESUMEN

Objetivos: Evaluar el nivel de acuerdo entre el diagnóstico clínico e histopatológico de lesiones orales en pacientes sometidos a biopsias. Identificar las lesiones orales más frecuentes y su correlación con la edad, el sexo y la ubicación anatómica. **Métodos**: Estudio retrospectivo de 368 exámenes patológicos recogidos entre 2008 y 2018, correspondientes a biopsias realizadas en la *Clínica Universitária Egas Moniz*. Se realizó un análisis detallado de los informes histopatológicos adjuntos a los archivos de los pacientes y se evaluaron las variables de género, edad, sitio anatómico, diagnóstico clínico y diagnóstico histopatológico. **Resultados**: El género más afectado fue femenino (55%); el grupo de edad más común fue de 61-70 años; La ubicación anatómica más biopsiada fue la encía (23,9%); las cinco entidades patológicas más comunes fueron fibroma (26,4%), quiste radicular (8,7%), liquen plano oral (7,6%), hemangioma (6,3%) y leucoplasia oral (6,0%). Según el grado de acuerdo, el 74,5% de los casos fueron concordantes y el 25,5% discordantes. Las lesiones más concordantes fueron Quiste Radicular (90,6%), Lesión Traumática (87,5%), Hemangioma (82,6%), Fibroma (82,5%) y Mucocele (82,5%). **Conclusión**: este estudio demuestra un nivel significativo de acuerdo entre el diagnóstico clínico e histopatológico en esta área en particular, obtenido consistentemente en un período de diez años de tiempo.

Palabras clave: Acuerdo; Diagnóstico Clínico; Diagnóstico histológico; Lesiones orales.