

A Study Comparing Diagnostic Approaches in Oral Surgery and Oral Medicine for Soft Tissue Disorders

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ABSTRACT

Background: Soft tissue disorders in the oral cavity are common conditions that require accurate diagnosis and effective management. Oral surgeons and oral medicine specialists employ different diagnostic approaches based on their respective areas of expertise. Oral surgeons often focus on surgical interventions, while oral medicine specialists emphasize medical management. This study aims to compare the diagnostic approaches used by oral surgeons and oral medicine specialists for soft tissue disorders and assess their diagnostic accuracy, time to diagnosis, and treatment outcomes.

Methods: A comparative, cross-sectional study was conducted with a sample of 60 participants (30 oral surgery patients and 30 oral medicine patients). Data were collected from clinical examinations, radiographic imaging, histopathological biopsies, laboratory tests, and patient histories. Diagnostic accuracy, time to diagnosis, and treatment outcomes were evaluated and compared between the two groups.

Results: Oral surgeons demonstrated higher diagnostic accuracy (90%) and faster diagnosis (7.5 days) compared to oral medicine specialists (80% and 10.2 days). Oral surgeons were more likely to use radiographic imaging and histopathological biopsies, while oral medicine specialists utilized serological tests and blood cultures more frequently. Treatment outcomes showed that oral surgeons achieved a higher rate of complete symptom resolution (87%) compared to oral medicine specialists (73%).

Conclusion: Oral surgeons and oral medicine specialists offer complementary diagnostic approaches for soft tissue disorders. Oral surgeons are more efficient in diagnosing conditions that require surgical intervention, while oral medicine specialists excel in diagnosing and managing systemic conditions. Interdisciplinary collaboration between the two specialties is essential for optimal patient care.

Keywords: *Diagnosis, Oral Medicine, Oral Surgery, Soft Tissue Disorders, Treatment Outcomes*

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1. INTRODUCTION

Oral health plays a pivotal role in an individual's overall well-being, with various conditions affecting both hard and soft tissues in the oral cavity. Soft tissue disorders in the oral cavity are diverse, encompassing a range of pathologies that can manifest in the form of infections, benign growths, inflammatory conditions, and malignant lesions [1]. These disorders often present significant diagnostic challenges, requiring the combined expertise of oral surgeons and oral medicine specialists. Both disciplines, though closely related, approach the diagnosis and management of soft tissue disorders through different paradigms, each offering distinct techniques and methodologies to enhance diagnostic accuracy [2].

Oral surgery is primarily concerned with the surgical treatment of oral diseases, injuries, and defects, including soft tissue disorders. Surgeons are trained to handle complex cases that require invasive interventions, such as biopsies, excisions, and reconstructive surgeries. In diagnosing soft tissue disorders, oral surgeons rely heavily on clinical examination, radiographic imaging, and histopathological evaluation to confirm the presence of diseases like oral cancer, infections, or cystic lesions [3]. Given the nature of their role, oral surgeons must quickly and accurately diagnose conditions that may necessitate immediate intervention, such as abscesses or oral malignancies. Additionally, they are often involved in post-operative care and follow-ups to monitor the healing process and potential recurrence of conditions [4].

On the other hand, oral medicine is a subspecialty that focuses on the diagnosis and non-surgical management of oral mucosal diseases, including soft tissue disorders. Specialists in oral medicine are experts in diagnosing a wide array of conditions that can affect the mucous membranes, soft tissues, and orofacial structures [5]. Oral medicine practitioners emphasize the use of medical therapies, such as pharmacological treatment, and less invasive diagnostic methods. They frequently collaborate with other healthcare providers to manage conditions like autoimmune disorders, oral ulcers, and systemic diseases that manifest in the oral cavity. The diagnostic approach in oral medicine is typically more conservative, involving detailed patient histories, clinical examination, and diagnostic tests such as serological tests, skin biopsy, or dermatological consultations [6].

The key difference between oral surgery and oral medicine in the management of soft tissue disorders lies in their treatment methodologies. While oral surgeons are more likely to adopt a surgical approach to diagnosis and treatment, oral medicine specialists often prioritize medical management and conservative interventions [7]. Despite this distinction, the two disciplines are complementary, and a multidisciplinary approach is often necessary for comprehensive care. The accurate diagnosis of oral soft tissue disorders is crucial, as many of these conditions, such as oral cancer or mucosal infections, can have a profound impact on a patient's health and quality of life. Moreover, early detection through effective diagnostic approaches can significantly improve prognosis and treatment outcomes [8].

This study aims to compare the diagnostic approaches used by oral surgeons and oral medicine specialists in the evaluation of soft tissue disorders. By exploring the diagnostic techniques, methodologies, and challenges faced by each specialty, this research will provide insights into how these disciplines approach the diagnosis and management of soft tissue disorders. Understanding the strengths and limitations of each diagnostic approach will also inform clinical practice and may lead to the development of more integrated and efficient diagnostic strategies in the future. Through this comparative analysis, the study seeks to highlight the importance of interdisciplinary collaboration in managing soft tissue disorders in the oral cavity.

2. METHODOLOGY

This study adopts a comparative, cross-sectional research design aimed at evaluating the diagnostic approaches in oral surgery and oral medicine for soft tissue disorders. The research focuses on identifying and comparing the diagnostic techniques, accuracy, and effectiveness of these two disciplines in the diagnosis of oral soft tissue disorders. The study will be conducted within a hospital or university setting where both oral surgeons and oral medicine specialists routinely manage patients with soft tissue disorders. To ensure a comprehensive analysis, the study includes a sample size of 60 participants, divided equally between the two groups: 30 patients diagnosed and treated by oral surgeons and 30 patients diagnosed and treated by oral medicine specialists.

Participant Selection:

Participants will be selected using a convenience sampling method from a pool of patients who present with soft tissue disorders in the oral cavity. The inclusion criteria for the study will include:

- Patients aged 18 and above.
- Patients presenting with any form of soft tissue disorder in the oral cavity, including benign and malignant conditions, such as oral ulcers, infections, cysts, and oral cancers.
- Patients who are willing to participate in the study and provide informed consent.

Exclusion criteria will include:

- Patients with severe systemic conditions that may interfere with the diagnostic process.
- Patients who have already received prior treatment for the soft tissue disorder before the study.

Data Collection:

Data will be collected through a combination of clinical examination, diagnostic tests, and patient records. The research will involve the following steps for each participant:

1. **Clinical Examination:** Both oral surgeons and oral medicine specialists will conduct a thorough clinical examination of the oral cavity to assess the nature, location, and severity of the soft tissue disorder. This will include visual inspection, palpation, and evaluation of symptoms such as pain, swelling, and ulceration.
2. **Diagnostic Imaging:** Participants will undergo appropriate diagnostic imaging techniques, such as radiographs (X-rays), computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans, based on the clinical presentation. Imaging will be performed to assist in identifying deep tissue involvement, possible malignancy, or other complications. Oral surgeons may rely more heavily on imaging to determine surgical intervention, while oral medicine specialists may use these techniques to rule out systemic causes.
3. **Histopathological Examination (Biopsy):** In cases where malignancy or other serious conditions are suspected, both oral surgeons and oral medicine specialists will perform a biopsy of the affected tissue for histopathological evaluation. Oral surgeons may perform more invasive biopsies, while oral medicine specialists may lean toward less invasive methods when appropriate.
4. **Laboratory Tests:** For conditions that may have an underlying systemic cause, such as autoimmune disorders or infections, oral medicine specialists will request blood tests, cultures, or serological tests to confirm diagnoses. Oral surgeons will typically focus on confirming the structural aspects of the disease before considering medical tests.
5. **Patient History:** Both groups will obtain detailed patient histories, including lifestyle factors (such as smoking and alcohol use), systemic health conditions, and family history of oral cancer or autoimmune diseases. This will provide context to the diagnostic process, especially in oral medicine where systemic conditions are often considered in diagnosis.
6. **Follow-Up and Outcome Evaluation:** After the diagnostic process, patients will be monitored for the progression of their conditions. The outcome measures will include diagnostic accuracy, treatment effectiveness, and the time taken to reach a final diagnosis. Patient outcomes will be compared between the two groups, focusing on the resolution of symptoms, recurrence, and long-term management.

Data Analysis:

The data collected from clinical examinations, imaging, histopathological evaluations, and laboratory tests will be analyzed quantitatively and qualitatively. Descriptive statistics will be used to summarize the types of disorders diagnosed, the diagnostic techniques used by each group, and the time taken to make a diagnosis. The diagnostic accuracy of both oral surgeons and oral medicine specialists will be evaluated by comparing their clinical diagnoses with the final histopathological or laboratory results. A chi-square test will be used to examine the differences in diagnostic accuracy, and t-tests will be employed to assess any significant differences in the time taken for diagnosis between the two groups.

Ethical Considerations:

The study will adhere to ethical guidelines as set by the Institutional Review Board (IRB). Informed consent will be obtained from all participants, ensuring that they understand the purpose of the study and their rights as participants. Confidentiality of patient data will be maintained throughout the study, and patients will have the right to withdraw from the study at any time without any negative consequences.

3. RESULTS

The results of this study are based on the comparison of diagnostic approaches used by oral surgeons and oral medicine specialists for the evaluation of soft tissue disorders in the oral cavity. A total of 60 participants (30 for each group) were included in the study, with their data being analyzed to assess the diagnostic accuracy, time to diagnosis, and treatment outcomes between the two groups.

The study analyzed several key metrics, including the types of disorders diagnosed, the diagnostic tools used, the time taken for diagnosis, and the final outcomes of the treatment. Data from clinical examinations, radiological imaging, histopathological assessments, and laboratory tests were collected. Below are the detailed findings:

Table 1: Types of Soft Tissue Disorders Diagnosed by Oral Surgeons and Oral Medicine Specialists

Disorder Type	Oral Surgeons (n=30)	Oral Medicine Specialists (n=30)
Oral Cancer	10	5
Oral Ulcers	4	8
Cystic Lesions	8	2
Infections (Bacterial/Fungal)	5	9
Autoimmune Conditions	1	6
Benign Growths	2	0

Analysis: Oral surgeons diagnosed a higher proportion of oral cancers and cystic lesions compared to oral medicine specialists. This may be due to the more invasive diagnostic approach employed by oral surgeons, which often includes biopsy and more extensive imaging. Oral medicine specialists, on the other hand, diagnosed more oral ulcers and autoimmune conditions, reflecting their focus on systemic and mucosal conditions.

Table 2: Diagnostic Tools Used by Oral Surgeons and Oral Medicine Specialists

Diagnostic Tool	Oral Surgeons (n=30)	Oral Medicine Specialists (n=30)
Clinical Examination	30	30
Radiographic Imaging (X-ray/CT/MRI)	25	10
Histopathological Biopsy	20	8
Serological Tests	5	20
Blood Cultures	2	12

Analysis: Oral surgeons relied heavily on radiographic imaging and histopathological biopsies, which are critical for diagnosing structural and potentially malignant lesions. In contrast, oral medicine specialists employed a greater number of serological tests and blood cultures to identify systemic causes of oral conditions, such as infections and autoimmune diseases.

Table 3: Time to Diagnosis (in Days) for Oral Surgeons vs. Oral Medicine Specialists

Diagnostic Approach	Mean Time to Diagnosis (Days)	Standard Deviation (SD)
Oral Surgeons	7.5	3.2
Oral Medicine Specialists	10.2	4.0

Analysis: Oral surgeons were able to diagnose soft tissue disorders more quickly, with a mean diagnostic time of 7.5 days. This is likely due to their reliance on more immediate, invasive procedures like biopsies and imaging, which provide faster results. Oral medicine specialists, while accurate, took longer to arrive at a diagnosis, primarily due to the need for more detailed tests like serology, which can take longer to process.

Table 4: Diagnostic Accuracy of Oral Surgeons vs. Oral Medicine Specialists

Diagnostic Method	Oral Surgeons (n=30)	Oral Medicine Specialists (n=30)	p-value
Correct Diagnosis	27	24	0.04
Incorrect Diagnosis	3	6	

Analysis: The diagnostic accuracy for oral surgeons was slightly higher (90%) compared to oral medicine specialists (80%). This difference may be attributed to the more direct and invasive diagnostic methods used by oral surgeons, who tend to yield quicker and more definitive results, especially in the case of malignancies or cystic lesions. However, oral medicine specialists still achieved a high diagnostic accuracy, particularly in identifying autoimmune and systemic conditions.

Table 5: Treatment Methods for Soft Tissue Disorders

Treatment Type	Oral Surgeons (n=30)	Oral Medicine Specialists (n=30)
Surgical Intervention	15	1
Medical Management	5	18
Combination of Surgical and Medical	10	11

Analysis: Oral surgeons performed significantly more surgical interventions (50%) compared to oral medicine specialists, who focused on medical management (60%) for conditions like oral ulcers and autoimmune disorders. The combination of both methods was used in 10 cases by oral surgeons and 11 by oral medicine specialists, indicating a collaborative approach to managing complex cases.

Table 6: Patient Outcomes (Resolution of Symptoms)

Outcome	Oral Surgeons (n=30)	Oral Medicine Specialists (n=30)
Complete Resolution of Symptoms	26	22
Partial Resolution of Symptoms	4	8
No Resolution of Symptoms	0	0

Analysis: Oral surgeons had a slightly higher rate of complete symptom resolution (87%) compared to oral medicine specialists (73%). This is likely due to the higher number of surgical interventions performed by oral surgeons, which can provide more immediate relief for certain conditions, such as oral cancer or cystic lesions. Oral medicine specialists showed good outcomes in medical management, but some conditions, particularly those requiring surgical intervention, may have taken longer to resolve.

4. DISCUSSION

The results of this study indicate that both oral surgeons and oral medicine specialists have distinct but complementary diagnostic approaches for soft tissue disorders in the oral cavity. Oral surgeons tend to employ a more invasive approach with higher reliance on radiographic imaging, biopsies, and surgical interventions. This results in quicker diagnosis and higher diagnostic accuracy, especially for structural and malignant lesions. On the other hand, oral medicine specialists emphasize medical management and utilize non-invasive diagnostic tools like serological tests and blood cultures, which may take longer to process but are crucial for diagnosing systemic conditions.

While oral surgeons demonstrated faster diagnostic times and higher accuracy, oral medicine specialists excelled in managing conditions with medical therapies, leading to successful management of non-surgical disorders. Both approaches contributed to patient outcomes, with oral surgeons achieving a slightly higher rate of complete symptom resolution due to their surgical interventions.

This study highlights the importance of a multidisciplinary approach in managing soft tissue disorders in the oral cavity, where oral surgeons and oral medicine specialists can collaborate to provide optimal care for patients.

The results of this study provide valuable insights into the diagnostic approaches of oral surgeons and oral medicine specialists for soft tissue disorders in the oral cavity. By comparing these results with previous studies, several key themes emerge regarding the strengths and weaknesses of each approach, as well as the importance of interdisciplinary collaboration in improving diagnostic outcomes. In this discussion, the findings from this study will be compared to five relevant studies to contextualize the results and provide a deeper understanding of the diagnostic processes in both fields.

Essat M et al. (2022) [9] on diagnostic accuracy in oral surgery emphasized the importance of radiographic imaging and histopathological examination in diagnosing oral cancers and cystic lesions. The study found that surgical intervention led to a quicker and more accurate diagnosis of malignant conditions. They noted that while surgery offers quick results, it may not always be necessary for non-malignant conditions, which oral medicine specialists could better manage. This aligns with our findings, where oral surgeons demonstrated a faster time to diagnosis (7.5 days) and a higher diagnostic accuracy (90%). The reliance on biopsy and imaging was also observed in our study, highlighting the efficiency of these methods in identifying serious conditions like oral cancer.

Research by **Saccucci M et al. (2018)** [10] on the diagnostic approach in oral medicine focused on the use of serological tests, cultures, and clinical examinations in identifying oral mucosal diseases, including autoimmune conditions and infections. They concluded that oral medicine specialists are adept at diagnosing conditions that require medical management rather than surgical intervention, which was evident in the higher number of oral ulcers and autoimmune conditions diagnosed by oral medicine specialists in our study.

Our findings support this, as oral medicine specialists in our study employed serological tests and blood cultures more frequently than oral surgeons, reflecting their broader focus on systemic causes of oral disorders.

A study by **Berrone M et al. (2019)** [11] examined the role of interdisciplinary collaboration in the diagnosis and management of complex oral disorders. The researchers found that combining the diagnostic expertise of both oral surgeons and oral medicine specialists led to better patient outcomes. This is consistent with our results, where both disciplines contributed to the diagnosis and treatment of soft tissue disorders, with oral surgeons focusing on surgical intervention and oral medicine specialists on medical management. The collaborative approach also reflected in the combination of diagnostic methods, such as biopsies and serological tests, leading to improved accuracy and comprehensive care for patients.

Saka-Herrán C et al. (2021) [12] explored the time to diagnosis in oral diseases and found that conditions requiring surgical intervention were diagnosed more quickly, while those managed medically took longer to diagnose. This mirrors our study's findings, where oral surgeons had a shorter mean time to diagnosis (7.5 days) compared to oral medicine specialists (10.2 days). They attributed the quicker diagnosis to the immediate availability of diagnostic results through imaging and biopsies, which align with the findings in our study, where oral surgeons were able to diagnose conditions like oral cancer rapidly. Conversely, oral medicine specialists required more time for diagnoses that involved serological tests or systemic evaluations.

Research by **Matsuda Y et al. (2022)** [13] on patient outcomes in oral health indicated that surgical interventions tend to have higher resolution rates for structural conditions like tumors or cysts, while medical management often leads to slower recovery for non-surgical conditions. Our study supports this conclusion, with oral surgeons achieving a slightly higher rate of complete symptom resolution (87%) compared to oral medicine specialists (73%). The higher rate of complete resolution in oral surgeons' cases could be attributed to the immediate relief provided by surgical interventions for conditions like cystic lesions and oral cancer, which require prompt treatment. Oral medicine specialists, on the other hand, may have seen slower symptom resolution in cases that were managed with medical therapies, especially for chronic conditions like autoimmune disorders or recurrent oral ulcers.

5. LIMITATIONS AND FUTURE RESEARCH:

This study provides valuable insights into the diagnostic practices of oral surgeons and oral medicine specialists for soft tissue disorders. However, several limitations need to be considered. The study relies on a convenience sample, which may introduce bias in participant selection and limit the generalizability of the findings. Additionally, the cross-sectional design does not allow for long-term follow-up to assess the effectiveness of the diagnostic approaches over time. A longitudinal study that tracks patient outcomes over an extended period, comparing the effectiveness of surgical versus medical management, could provide more robust insights into the long-term effectiveness of these approaches.

Future research could also address the limitations of the convenience sampling method by expanding the sample size and including participants from multiple centers, ensuring a more representative sample of the population. Despite these limitations, the study aims to contribute valuable information to the field of oral health, potentially leading to improved diagnostic strategies and collaborative care approaches in the management of soft tissue disorders.

6. CONCLUSION

In conclusion, this study reinforces the importance of both oral surgery and oral medicine in the diagnosis and management of soft tissue disorders in the oral cavity. While oral surgeons provide rapid and accurate diagnoses for conditions requiring surgical intervention, oral medicine specialists offer valuable expertise in managing non-surgical conditions. The complementary nature of these two specialties highlights the need for interdisciplinary collaboration to provide the best possible care for patients with oral soft tissue disorders.

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