

Epidemiological assessment of oral lesions at the Mogi das Cruzes University Clinic

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Abstract:

Objective: To characterize the epidemiological profile of oral lesions diagnosed at the Dental Clinic of the University of Mogi das Cruzes (UMC), Brazil, and evaluate their distribution according to demographic characteristics and sex. **Methods:** A retrospective cross-sectional study was conducted using medical records and corresponding histopathological reports from patients treated between 2017 and 2024. Demographic characteristics, harmful habits, and diagnostic categories were analyzed descriptively. Two-by-two contingency tables were constructed, and prevalence ratios (PR) were calculated to compare lesion distribution according to sex. **Results:** A total of 141 patients were included, predominantly women (68.08%) and individuals aged 45–74 years (58.86%). Non-neoplastic proliferative lesions were the most frequent diagnostic category (42.03%), with irritation fibroma (15.28%) and inflammatory fibrous hyperplasia (11.46%) being the most prevalent diagnoses. Harmful habits were more frequent among men. Prevalence ratios showed a higher occurrence of irritation fibroma among women and squamous cell carcinoma among men. Biopsy records increased progressively from 2021, reaching the highest frequency in 2024. **Conclusion:** The findings provide a comprehensive epidemiological characterization of oral lesions and support risk stratification, biopsy-based diagnosis, preventive strategies, and clinical decision-making in university oral healthcare services.

Keywords: Demography; Mouth Lesions; Epidemiology; Diagnosis; Dentistry.

INTRODUCTION

According to Pereira and Veiga¹, epidemiology is the science that studies the distribution of health and disease conditions and their determinants and conditioning factors in human populations. This discipline enables the analysis of public health interventions, highlights population differences, and seeks etiological explanations for such inequalities.

In dentistry, epidemiological surveys provide essential information about the oral health status of individuals and/or populations, guiding treatment decisions within a specific time and setting. Their main objectives are to assess patients' context, monitor the progression of oral diseases, and support the planning of comprehensive care².

Epidemiological studies of oral lesions are particularly relevant, as they enable professionals to make more accurate diagnostic predictions before biopsy.

Statement of Clinical Significance

Epidemiological monitoring shows fibrous hyperplasia and candidiasis as most prevalent in women aged 30 to 50 years, with smoking and alcohol increasing risk of potentially malignant lesions. These findings support prevention, early diagnosis, and care planning in university dental clinics.

These studies also make it possible to evaluate geographical differences in the incidence of lesions by comparing data with other populations. Through such investigations, it is possible to identify prevalence, incidence, and progression of various pathologies affecting the orofacial complex, as well as their distribution across different sociodemographic and cultural groups^{3,4}.

It is essential to understand a given territory not only as a geographic space but also as a “social space” where society develops and stratifies into classes with unequal access to goods, including health services⁵.

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For this reason, variables such as demographic and epidemiological profile, historical and cultural context, community associations, schools, churches, and other social characteristics should be considered when analyzing health–disease processes⁵. Oral health is closely linked to general health, since many systemic diseases present oral manifestations, and oral conditions can act as risk factors for systemic disorders⁶. Thus, an accurate diagnosis of oral lesions and alterations is fundamental for adequate clinical management.

This study was conducted in Mogi das Cruzes, located in the Alto Tietê region of São Paulo State, approximately 50 km from the capital, with over 400,000 inhabitants and more than 465 years of history⁷. Dental care at the University of Mogi das Cruzes (UMC) includes clinical examinations consisting of anamnesis followed by intra- and extraoral physical examinations performed by undergraduate dental students under supervision. Data such as age, sex, place of birth, diagnostic hypothesis, race/ethnicity, profession, frequency of visits, and harmful habits (including alcohol and drug use) are systematically recorded in patient charts. The present study analyzed these records to conduct an epidemiological survey of oral lesions diagnosed at the UMC Dental Clinic.

Although epidemiological surveys of oral lesions have been widely reported, studies integrating demographic characteristics, harmful habits, biopsy-confirmed diagnoses, measures of association, and longitudinal data from university oral diagnosis services remain limited. Therefore, the present study aimed not only to characterize the epidemiological profile of oral lesions diagnosed at the UMC Dental Clinic but also to provide clinically relevant evidence supporting patient risk stratification, preventive strategies, epidemiological surveillance, and clinical decision-making within an academic oral healthcare setting.

METHODS

This cross-sectional observational study was based on a retrospective review of medical records from patients treated at the Diagnostic Unit of the Dental Clinic, University of Mogi das Cruzes (UMC), São Paulo, Brazil, between 2017 and 2024. Epidemiological data were collected from patient records at the UMC Dental Clinic and corresponding histopathological reports issued by the Oral Pathology Laboratory of São Paulo State University “Júlio de Mesquita Filho” (UNESP). The variables analyzed included age, sex, place of birth,

race/ethnicity, occupation, frequency of visits, harmful habits (including tobacco use, alcohol consumption, and illicit drug use), clinical diagnostic hypothesis, and definitive histopathological diagnosis for biopsied lesions. Records of patients treated at the Diagnostic Unit during the study period were eligible for inclusion, whereas records corresponding to patients treated outside the study period or in other curricular units were excluded.

Clinical diagnoses of biopsied lesions were confirmed by histopathological reports issued by the Oral Pathology Laboratory of São Paulo State University “Júlio de Mesquita Filho” (UNESP), which served as the reference standard for definitive diagnosis. The integration of clinical records and histopathological findings enabled a more comprehensive epidemiological characterization of oral lesions diagnosed during the study period.

All patients signed a Treatment Authorization Form during their first appointment, authorizing the use of anonymized clinical data for scientific research after receiving detailed information regarding the procedures, potential risks, and expected benefits. Since 2017, this authorization has been routinely obtained from all patients at their initial visit, with explanations provided by the supervising dental students. Additionally, an informed consent form was obtained electronically through Google Forms and distributed via WhatsApp and/or telephone, in accordance with the requirements of the Research Ethics Committee of the University of Mogi das Cruzes (approval no. 7,029.259). Potential risks were limited to breaches of confidentiality; therefore, all personal identifiers were removed before data extraction and analysis to ensure participant privacy and compliance with national ethical standards for research involving human participants.

Statistical analysis

Descriptive statistics were used to characterize the epidemiological profile of the study population. Categorical variables were summarized as absolute (n) and relative (%) frequencies.

To complement the descriptive analysis, 2×2 contingency tables were constructed to compare the distribution of clinically relevant oral lesions according to sex. The prevalence of each lesion was calculated separately for men and women, and prevalence ratios (PR) were subsequently obtained to compare lesion occurrence between the two groups. The descriptive results are presented in Tables 1–4, while the calculated prevalence ratios are presented in Tables 5 and 6.

RESULTS

Data were collected from patient records at the Dental School Clinic of the University of Mogi das Cruzes and corresponding histopathological reports issued by the Oral Pathology Laboratory of São Paulo State University “Júlio de Mesquita Filho” (UNESP). Because clinical records were completed by undergraduate students under faculty supervision, some inconsistencies, including incomplete or non-standardized information, were identified and are indicated in the corresponding tables and figures.

A total of 141 patients were included in the study, comprising 96 women (68.08%), 43 men (30.49%), and 2 patients with unidentified sex (1.41%). The largest proportion of participants was between 45 and 59 years of age (34.75%), followed by those aged 60–74

years (24.11%). Overall, individuals aged 45–74 years accounted for 58.86% of the study population.

Regarding race/ethnicity, white (leucoderm) individuals predominated (45.39%), followed by black (melanoderm) (19.85%), brown (feoderm) (7.09%), and yellow (xanthoderm) (2.83%) participants. Race/ethnicity information was unavailable for 24.82% of the records. Most patients resided in Mogi das Cruzes (45.39%), followed by Suzano (9.92%), Poá (4.96%), Itaquaquecetuba (4.25%), and São Paulo (3.54%), whereas the remaining participants were distributed among other municipalities.

Occupational data showed that retirees (15.60%) and homemakers (10.63%) were the most frequently represented occupational groups, followed by students (4.96%), self-employed workers (4.25%), and unemployed individuals (3.54%). Occupations represented by only

Table 1. Distribution of harmful habits by age and female sex.

Habits	6–12	13–17	18–29	30–44	45–59	60–74	75+	N
Denies harmful habits	1	0	4	8	19	12	2	0
Not informed	2	1	1	2	4	7	1	6
Smoker	0	0	0	5	5	5	0	0
Ex-smoker	0	0	0	0	2	2	0	0
Smoker and alcoholic	0	0	0	0	0	0	0	0
alcoholic	0	0	0	0	1	0	0	0
bruxist	0	0	0	0	1	1	0	0
Nibbles lower lip	1	0	1	0	0	0	0	0
Alcoholic and ex-smoker	0	0	0	0	0	0	0	0
Smoker and former drug addict	0	0	0	0	1	0	0	0
Former smoker and former drug addict	0	0	0	0	0	0	0	0

Table 2. Distribution of harmful habits by age and male sex.

Habits	6–12	13–17	18–29	30–44	45–59	60–74	75+	N
Denies harmful habits	0	0	3	0	3	3	1	0
Not informed	0	0	1	2	4	2	0	0
Smoker	0	0	3	0	4	0	1	0
Ex-smoker	0	0	0	1	1	1	1	0
Smoker and alcoholic	0	0	2	0	3	0	0	1
alcoholic	0	0	0	2	1	0	0	0
Bruxist	0	0	0	0	0	0	0	0
Nibbles lower lip	0	0	0	0	0	0	0	0
Alcoholic and ex-smoker	0	0	0	0	0	0	2	0
Smoker and former drug addict	0	0	0	0	0	0	0	0
Former smoker and former drug addict	0	0	0	1	0	0	0	0

one participant were grouped as “Others” (19.86%), whereas occupational information was unavailable for 35 patients (24.82%).

Regarding lifestyle characteristics, 56 participants (39.71%) reported no harmful habits, whereas 23 (16.31%) were current smokers, 8 (5.67%) were former smokers, 6 (4.25%) reported both smoking and alcohol consumption, and 4 (2.83%) reported alcohol consumption only. Less frequent habits included bruxism, lip biting, and combined substance use. Information regarding harmful habits was unavailable for 35 patients (24.82%). Current or previous harmful habits were more frequently reported among men (55.81%) than among women (27.08%), predominantly involving tobacco use and alcohol consumption. Among participants aged 30–74 years, 15 reported harmful habits. The distribution of harmful habits according to sex and age is presented in Tables 1 and 2.

Regarding diagnostic categories (n=157), non-neoplastic proliferative lesions were the most frequent (42.03%, n=66), followed by white lesions (10.82%, n=17), cases with no informed diagnosis (8.91%, n=14), salivary gland disorders (8.28%, n=13), benign neoplasms (6.36%, n=10), and potentially malignant lesions (5.73%, n=9) (Table 3).

Table 3. Distribution by diagnostic category.

Diagnosics	Frequency	%
Non-neoplastic proliferative process	66	42.03
white lesions	17	10.82
Not informed	14	8.91
Salivary gland pathology	13	8.28
Benign neoplasms	10	6.36
Lesions with potential for malignant transformation	9	5.73
Inflammatory process	6	3.82
Inconclusive	6	3.82
Malignant neoplasms	4	2.54
Odontogenic cysts/tumors	4	2.54
Oral anomalies	2	1.27
Bone pathologies	1	0.63
Benign neoplasm	1	0.63
Non-pathological	1	0.63
Vesiculobullous lesions	1	0.63
Benign lesion	1	0.63
Fungal infectious diseases	1	0.63
Total	157	100

Table 4. Distribution by diagnosis.

Diagnosics	Frequency	%
Irritation Fibroma	24	15.28
Inflammatory fibrous hyperplasia	18	11.46
Not informed	14	8.91
Hyperkeratosis	12	7.64
Mucocele	8	5.09
Pyogenic granuloma	8	5.09
Inconclusive	6	3.82
Epithelial dysplasia	6	3.82
Giant cell fibroma	5	3.18
Fibroma	4	2.54
Squamous cell carcinoma	4	2.54
Chronic sialadenitis	3	1.91
Benign alveolar ridge keratosis	3	1.91
Acidic cheilitis	3	1.91
Radicular cyst	3	1.91
Sialolipoma	2	1.27
Inflammatory process	2	1.27
Traumatic neuroma	2	1.27
Spindle cell lipoma	2	1.27
Inflammatory gingival hyperplasia	2	1.27
Verruciform xanthoma	1	0.63
Peripheral giant cell tumor	1	0.63
Granular cell tumor	1	0.63
Native fatty tissue of the region	1	0.63
Focal lymphocytic sialadenitis	1	0.63
Keratosis	1	0.63
Odontogenic keratocyst	1	0.63
Non-malignant keloid	1	0.63
Squamous papilloma	1	0.63
Malignant neoplasm of salivary gland	1	0.63
Interface mucositis	1	0.63
Vascular malformation	1	0.63
Lipoma	1	0.63
Peripheral giant cell lesion	1	0.63
Lichenoid inflammation	1	0.63
Verrucous hyperplasia	1	0.63
Inflammatory fibrous/papillary hyperplasia	1	0.63
Periapical granuloma	1	0.63
Central giant cell granuloma	1	0.63
Scar fibrosis	1	0.63
Pemphigus vulgaris	1	0.63
Melanotic macule	1	0.63
Candidosis	1	0.63
Masson's tumor	1	0.63
Foreign body reaction to exogenous material	1	0.63
Hyperparakeratosis	1	0.63
Total	157	100

Among the specific diagnoses, irritation fibroma was the most prevalent lesion (15.28%, n=24), followed by inflammatory fibrous hyperplasia (11.46%, n=18), hyperkeratosis (7.64%, n=12), and both mucocoele and pyogenic granuloma (5.09%, n=8 each) (Table 4).

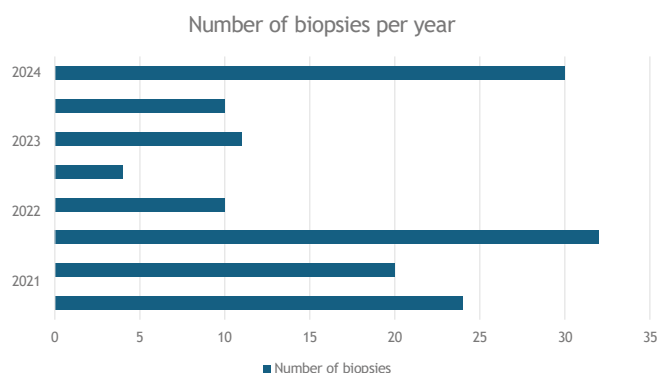
To complement the descriptive analysis, 2×2 contingency tables were constructed to compare the distribution of the most frequent, malignant, and potentially malignant oral lesions according to sex. The prevalence of each lesion was calculated separately for men and women, allowing the estimation of prevalence ratios (PR). Irritation fibroma showed a higher prevalence among women, whereas squamous cell carcinoma presented a higher prevalence ratio among men. The calculated prevalence ratios are presented in Tables 5–7.

Finally, analysis of biopsy records demonstrated a progressive increase in the number of biopsies performed from 2021 onward, reaching its highest frequency in 2024 (Graph 1).

DISCUSSION

In the present study, a predominance of female participants (68.08%) was observed, which is consistent with previous evidence indicating that

women are more likely to seek healthcare services, particularly for preventive and routine care⁸. Female predominance may also reflect greater demand for esthetic and prosthetic rehabilitation. Women around 40 years of age often seek immediate complete dentures to restore smile aesthetics following tooth loss or advanced periodontal disease. This clinical scenario may increase the risk of chronic mucosal irritation and contribute to the development of reactive lesions, including irritation fibroma (15.28%), as demonstrated in studies reporting significant improvements in self-esteem after immediate prosthetic rehabilitation⁹.



Graph 1. Distribution of biopsies by year.

Table 5. Malignant and potentially malignant changes.

Lesion	Frequency	Men	Women	Prev M	Prev W	PR (M/W)
Squamous Cell Carcinoma	4	3	1	0.0652	0.0092	7.08
Actinic Cheilitis	3	0	3	0	0.0275	0
Malignant Salivary Gland Neoplasm	1	0	1	0	0.0092	0

Table 6. Prevalence Ratio by Sex Comparison with Smokers and Ex-Smokers

Lesion	Gender	Smoker/Ex	Non-smoker	Total	Prev Smoker	Prev Non-smoker	PR
Squamous Cell Carcinoma	Male	3	0	3	3/34=0.0882	0/168=0	—
	Female	1	0	1	1/34=0.0294	0	—
Actinic Cheilitis	Male	0	0	0	—	—	—
	Female	0	3	3	0	3/168=0.0179	0
Malignant Salivary Gland Neoplasm	Male	0	0	0	—	—	—

Table 7. Prevalence ratio by sex of the most frequent injuries.

Lesion	Frequency	Men	Women	Prev W	Prev M	PR (W/M)
Irritation Fibroma	24	3	21	0.1927	0.0652	2.96
Inflammatory fibrous hyperplasia	18	6	12	0.01101	0.1304	0.84
Hyperkeratosis	12	5	7	0.0642	0.1087	0.59
Mucocoele	8	3	5	0.0459	0.0652	0.7

Despite the higher proportion of female patients, malignant lesions were proportionally more frequent among men, particularly squamous cell carcinoma. This finding is consistent with the higher prevalence of behavioral and environmental risk factors traditionally associated with male populations, especially tobacco and alcohol consumption^{10,11}.

Leucoderm individuals accounted for 45.39% of the study population, a finding comparable to previous epidemiological reports, which reported proportions of approximately 36.6%, as well as similar percentages of retired individuals (13.6%). The strategic location of the UMC Dental Clinic near major public transportation hubs, including the Estudantes railway and bus terminals, may have facilitated patient access, explaining the wide geographic distribution of participants, including individuals residing up to 62 km away in São Paulo. Missing information was observed mainly for race/ethnicity (24.82%), city of residence (23.40%), occupation (24.82%), diagnosis (8.91%), and biopsy site (0.68%). Most incomplete records originated from paper-based documentation collected before 2018. The implementation of the partnership with the Oral Pathology Laboratory of São Paulo State University (UNESP) in 2018 substantially improved the completeness of histopathological documentation. Moreover, comprehensive patient assessment requires meticulous anamnesis and thorough clinical examination. Previous studies have demonstrated that clinical-histopathological concordance supports diagnostic accuracy, and the supervised university clinical environment may have contributed to the consistency of diagnostic procedures observed in this study¹².

Regarding lifestyle characteristics, 56 participants (39.71%) reported no harmful habits, whereas 23 (16.31%) were current smokers, 8 (5.67%) were former smokers, 6 (4.25%) reported both smoking and alcohol consumption, and 4 (2.83%) reported alcohol consumption only. These findings are clinically relevant because tobacco and alcohol consumption have been consistently associated with alterations in the oral microbiome, chronic inflammation, and an increased risk of oral potentially malignant disorders and oral cancer¹³. Oral mucosal lesions are among the most frequent conditions encountered in dental practice and may have important functional, esthetic, psychological, and socioeconomic consequences. Their occurrence is closely influenced by systemic health conditions, behavioral factors, and lifestyle habits, highlighting the importance of comprehensive clinical assessment and early diagnosis. In the

present study, harmful habits were reported by 15 individuals between 30 and 74 years of age, reinforcing the need for preventive interventions targeting adults within this age range.

Non-neoplastic proliferative processes (NNPP) represent reactive oral lesions associated with chronic local irritation, including poorly adapted prostheses, defective restorations, residual roots, dental biofilm, calculus, and chronic trauma¹⁵. Clinically, these lesions usually present as well-defined nodular or diffuse fibrous proliferations with variable morphology and symptomatology. This study's predominance of NNPP is consistent with this etiological profile, explaining the high frequency of irritation fibroma (15.28%) and inflammatory fibrous hyperplasia (11.46%), particularly among patients requiring prosthetic rehabilitation¹⁴. Oral mucosal diseases comprise a broad spectrum of benign (6.36%, n=10) and potentially malignant lesions (5.73%, n=9). Poor oral hygiene, removable prostheses, smoking, malocclusion, harmful habits and mechanical irritation are recognized risk factors for both reactive lesions and oral tumors¹⁵. These findings reinforce the importance of histopathological confirmation of clinically suspicious lesions, enabling early diagnosis, appropriate treatment planning, and improved patient prognosis.

In addition to characterizing the frequency of oral lesions, the present study combined demographic characteristics, behavioral risk factors, biopsy-confirmed diagnoses, measures of association derived from contingency tables, and longitudinal biopsy data collected over an eight-year period. This integrated approach provides clinically relevant information for identifying patient groups requiring closer clinical surveillance, optimizing biopsy referral, supporting epidemiological surveillance, and improving evidence-based decision-making within a university oral diagnosis service.

The integration of these complementary sources of information extends the applicability of the findings beyond a conventional descriptive survey, supporting patient risk stratification, preventive strategies, clinical documentation, and continuous improvement of oral diagnosis services within the university setting. Furthermore, the findings reinforce the role of university dental clinics not only as centers for patient care and professional training but also as important sources of epidemiological evidence capable of supporting public health planning and improving the quality of oral healthcare services.

CONCLUSION

This study identified important epidemiological patterns in oral lesions diagnosed at the Dental Clinic of the University of Mogi das Cruzes between 2017 and 2024. Non-neoplastic proliferative processes were the most prevalent diagnostic category, and differences according to sex were observed, with a higher occurrence of malignant lesions in men, particularly squamous cell carcinoma. Additionally, variations in the distribution of the most frequent lesions were identified between men and women. The analysis of patient records also highlighted the relevance of harmful habits, especially tobacco exposure, in the context of malignant and potentially malignant oral lesions, reinforcing their role as important risk factors in oral pathology.

These findings contribute to a better understanding of the epidemiological profile of patients treated in a university dental setting and emphasize the importance of systematic clinical documentation and biopsy-based diagnosis in oral health services. From a clinical and public health perspective, this study underscores the need for targeted preventive strategies, early diagnosis, and continuous monitoring of patients at higher risk, ultimately supporting more effective and patient-centered oral healthcare.

At the University of Mogi das Cruzes Dental Clinic, these findings may support the implementation of standardized clinical record protocols, strengthen the identification and follow-up of high-risk patients, improve decision-making regarding biopsy referral, and contribute to the training of undergraduate students through evidence-based clinical practice.

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AUTHORS' CONTRIBUTIONS

ACSS: Conceptualization, Data curation, Investigation, Methodology, Project administration, Resources, Supervision, Writing – original draft. SMP: Project administration, Writing – original draft, Writing – review & editing. MMC: Validation, Writing – review & editing. ASF: Validation, Writing – review & editing. FBM: Methodology, Validation, Writing – review & editing. TRCM: Data curation; Formal analysis, Methodology,

Validation, Writing – review & editing. EALZ: Supervision, Validation, Writing – review & editing.

CONFLICT OF INTEREST STATEMENT

Funding: The authors declare that no funding was received for this research.

Competing interests: The authors declare no potential conflicts of interest related to this study.

Ethics approval: Approved by the Ethics Committee of the University of Mogi das Cruzes (approval number 7.029.259).

DATA AVAILABILITY STATEMENT

The data supporting the findings of this study are available within the article and its tables.

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