

Mapping oral medicine (stomatology) and oral and maxillofacial pathology international organizations: a scoping review of global data and historical analysis

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ABSTRACT

Objectives: To describe the historical evolution and dissemination of the Oral Medicine and Oral and Maxillofacial Pathology international societies and associations across the globe, and to provide insights into their significant contributions toward oral health promotion.

Study design: This review was conducted in accordance with the JBI Scoping Review Methodology Group guidance. The reporting followed the Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR).

Results: Search strategy was applied to 5 databases (MEDLINE/PubMed, Scopus, Embase, Web of Science, Latin American and Caribbean Health Sciences (LILACS)) and grey literature (Google Scholar, Open Grey and ProQuest), as well as additional sources, such as organization websites. Eighty-nine sources were included in this review. Forty-six professional associations/societies were identified, of which 39 represented a country or geopolitical region, 2 represented continents, 2 represented multinational organizations and 3 multinational study groups.

Conclusions: Documentation of the historical establishment and development of Oral Medicine and Oral and Maxillofacial Pathology organizations worldwide is limited and describing these processes remains challenging. Analysis of global data reveals heterogeneous

development and distribution, resulting in disparities in accessibility and standardization. Further efforts toward oral health promotion should be implemented.

Statement of Clinical Relevance

The development of the specialties of Oral Medicine and Oral and Maxillofacial Pathology, along with their respective organizations, exhibits considerable heterogeneity on a global scale. The limited historical data underscores the paucity of information and the need for these organizations to promote evidence-based practice.

Oral Medicine (OM) and Oral and Maxillofacial Pathology (OMP) represent specialized areas of dentistry, although their relevance extends to the broader field of medicine.^{1,2} OM is a recognized dental specialty in numerous countries across the Americas, Australia, Middle East. However, it is not a recognized specialty in some European countries.^{2,3,4,5,6,7,8} Nevertheless, it is worth noting that in Ibero-American nations, the term “stomatology” may be employed interchangeably with OM²; whilst in certain regions, like China and Hong Kong, this term may be used to define the domain of oral health care.⁹

The main focus of OM lies in the provision of diagnosing and managing oral lesions/conditions that affect the oral and maxillofacial complex, most of which are of medical significance, in addition to providing oral health care for individuals with medical complexities.³ The practice of OMP centers on the diagnosis of disorders that compromise the integrity of the oral and maxillofacial complex using clinical, radiographic, microscopic, laboratory and other examinations, the comprehensive exploration of the development and effects of these disorders, and management of patients.¹⁰

The history of OM and OMP in various geographic regions has been comprehensively chronicled in the scientific literature,² encompassing countries such as Brazil,⁵ Iran,¹¹ China, Hong Kong,⁹ and the European continent.⁴ Nonetheless, the scarcity of meticulously documented historical records poses a notable impediment to the comprehension of the evolutionary trajectory of scientific organizations dedicated to OM and/or OMP.

A comprehensive analysis of the diverse array of available historical sources of evidence was deemed necessary to better understand the establishment of OM and/or OMP organizations. Thus, the primary objective of this scoping review was to map OM and/or OMP societies and associations around the world, to generate an analysis of historical data and related aspects, and to compile pertinent insights into their significant contributions toward oral health promotion.

MATERIALS AND METHODS

Protocol and registration

This review was conducted in accordance with the JBI Scoping Review Methodology Group guidance¹² while the reporting followed the Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR)¹³ (Supplementary Table I). A protocol describing the research design was registered on Open Science Framework (OSF) (available at <https://osf.io/3hsgw>).

Information sources and search

Electronic databases (Medline/PubMed, Scopus, Embase, Web of Science, and Latin American and Caribbean Center on Health Sciences Information) were first searched for manuscripts published until February 15, 2023. The search was then updated on February 21, 2024. Additionally, a search on the grey literature (Google Scholar, Open Grey and ProQuest) was carried out and the reference lists of included studies were manually screened looking for additional relevant studies. To perform the search, 3 groups of query terms (“Oral Medicine,” “Pathology, Oral” and “Societies”) were utilized, each of containing either keywords, their synonyms, or related terms, and combined with the Boolean operators “or” and “and”, respectively. Supplementary Table II shows the search strategy used in each database.

Selection of sources of evidence

Once the search was completed, all citations were uploaded into EndNote X7 (Clarivate Analytics, PA, USA) and duplicate records were removed. The titles and abstracts of all studies identified in the electronic searches were individually read by 2 reviewers (T.C.E.P. and E.S.S.). Articles that clearly did not meet the eligibility criteria were excluded using the online software Rayyan (Qatar Computing Research Institute, Doha, Qatar).¹⁴ The 2 reviewers proceeded with reading the full texts screened to identify eligible articles, and all the primary reasons for exclusions were registered. This scoping review considered information from qualitative studies, reviews, letters, conference abstracts/reports, guidelines, websites, and blogs. Additional sources were retrieved through citation screening and online search.

The main questions to be answered in this scoping review were: “What are the existing Oral Medicine (Stomatology) and Oral and Maxillofacial Pathology societies/associations and how/when were they established? How are they distributed globally? and What is their published contribution to the prevention, diagnosis, and management of oral conditions/diseases?”.

The inclusion criteria applied were based on the PCC (Population, Concept and Context) framework as follows: Population: OM and OMP societies/associations. Concept: the historical process of foundation of scientific entities (societies/associations) focused on OM (Stomatology) and/or OMP, Context: their geographical distribution around the world, and what recommendations have been published by these organizations regarding prevention, diagnosis and/or management of oral disorders.

The exclusion criteria applied to all full-text sources were as follows: (1) sources in foreign languages that could not be properly translated; (2) studies with content not relevant to the objectives of this investigation, not related to the fields of OM and/or OMP, or not pertinent to organizations representing a certain country/group of countries (e.g. local societies); (3) non-peer reviewed publications, such as posters, books, book chapters; (4) overlapping information, as we included the most recently reported or those providing more data.

Data charting and descriptive analysis

An electronic data sheet was created to extract data from the included studies. The data collected included the following: publication characteristics (i.e., authors, study design, country, year of publication), associated OM or OMP society/association, related field of study (i.e., medicine or dentistry), foundation year, influential person or institution (i.e., founding members), historical facts, and country(ies) involved. Once all aforementioned data was collected, each of the identified societies/associations were descriptively analyzed.

RESULTS

The electronic search yielded 5,990 records of which 5,488 remained after the elimination of duplicates. A total of 5,196 references were further excluded after the initial screening of titles and abstracts and another 83 could not be retrieved in full text, leaving 209 sources for full-text assessment. Citation screening, access to websites and contact with researchers provided 60 additional sources. Out of the 269 references/sources, 180 were excluded, leaving 89 references/sources to be included in this scoping review (Figure 1), of which 7 were commentaries,^{3,15, 16, 17, 18, 19, 20} one was a conference report,²¹ 12 were editorials,^{22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33} 6 were reviews,^{2,4,5,9,11,34} 5 were quantitative studies,^{6,35, 36, 37, 38} one was a qualitative study,³⁹ 13 were position papers^{40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52} 6 were guidelines,^{53, 54, 55, 56, 57, 58} and 38 were websites.^{59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96}

What are the existing Oral Medicine (Stomatology) and Oral and Maxillofacial Pathology societies/associations, how are they distributed globally, and how/when were they established?

Our search identified 46 societies/associations related to OM and/or OMP, of which 39 represented a country of geopolitical region, 2 represented continents, 2 represented multinational organizations and 3 represented multinational study groups, not recognized as specific organizations. Table I summarizes findings related to year of foundation and official website. A concise overview of the development process and historical facts pertaining to each organization included in this scoping review is presented below.

Africa

The South African Society for Periodontology, Implantology and Oral Medicine (SASPIO) is a scientific organization that began its activities in the 1960s focusing on periodontology. As a significant achievement, SASPIO has influenced the establishment of OM and Periodontology departments in South African dental schools. This association is the result that in South Africa, OM forms part of the specialty of Periodontology and does not exist as a specialty on its own. One of the main activities of SASPIO is the continuing education courses for dental practitioners.⁶⁶ OMP is a separate recognized specialty in South Africa.

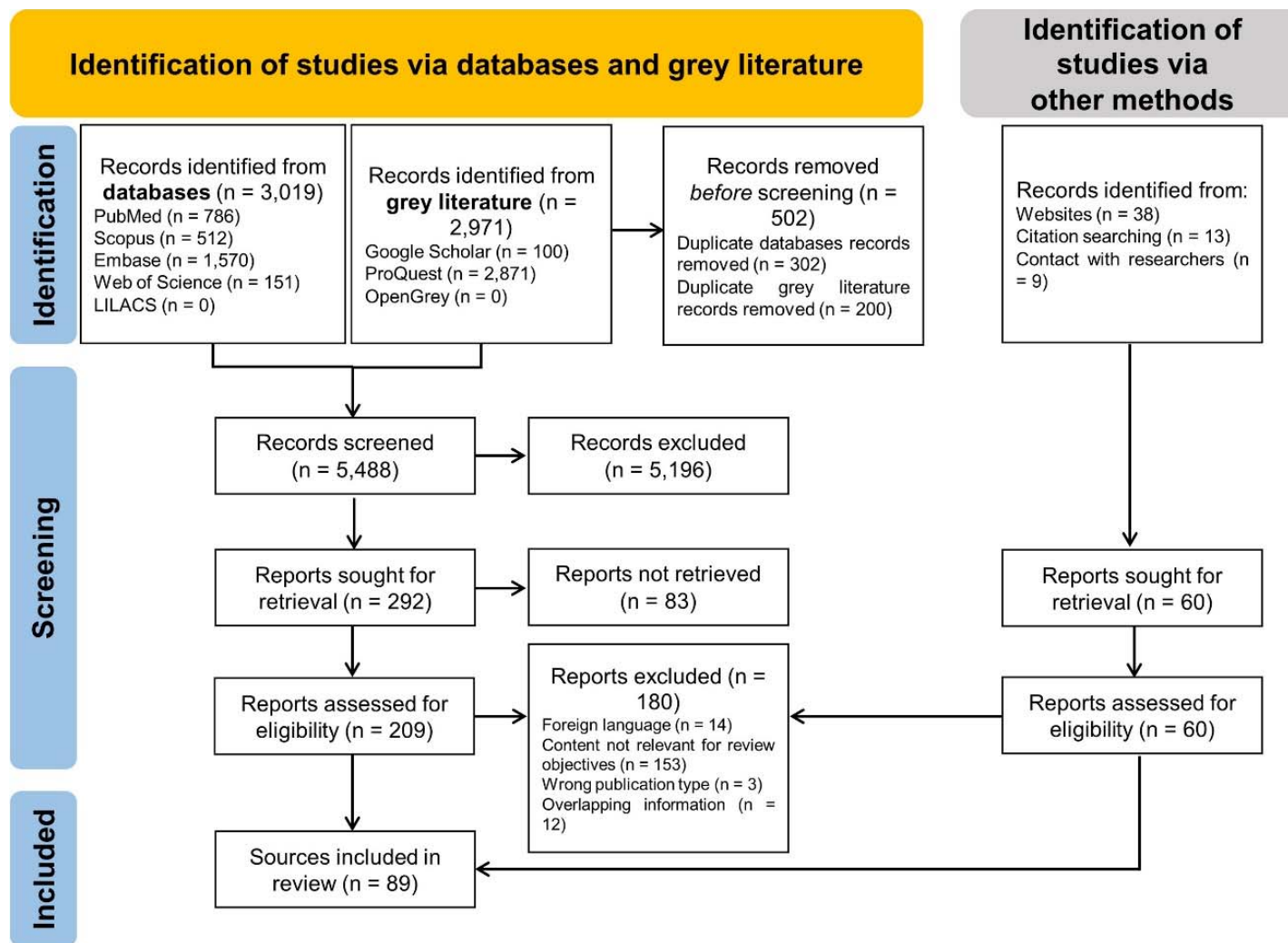


Fig. 1. Flow diagram of literature search and selection criteria adapted from PRISMA-ScR.¹³

Table I. Findings according to year of foundation and website, per continent

<i>Organization</i>	<i>Foundation</i>	<i>Website</i>
AFRICA		
South African Society for Periodontology, Implantology and Oral Medicine (SASPPIO)	1960s	https://saspio.org.za/
AMERICA		
American Academy of Oral and Maxillofacial Pathology (AAOMP)	1946	http://www.aaomp.org/
American Academy of Oral Medicine (AAOM)	1945	https://www.aaom.com/
Argentine Society of Stomatology – Oral Medicine (SAE-MO)	2002	http://sae-mo.com/
Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology (SOBEP)	1974	http://www.estomatologia.com.br/
Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine (CAOMPOM)	2000	https://caompom.org/
Chilean Society of Maxillofacial Pathology (SPBMFCH)	NA	https://www.patologiaoralchile.cl/
Colombian Academy of Oral Pathology (ACPO)	NA	http://www.acpo.com.co/
Mexican Association of Oral Pathology and Medicine (AMPMB)	2011	https://www.ampmbcolegio.org.mx/
Paraguayan Society of Oral Pathology and Medicine (SPPMB)	2019	https://patologiamedbucal.com/
Peruvian Association of Oral and Maxillofacial Pathology and Medicine (APPAMEB)	2012	NA
Uruguayan Society of Stomatological Pathology (SUPE)	2011	https://web.aou.org.uy/sociedades-cientificas-y-seccionales/sociedad-uruguaya-de-patologia-estomatologica-supe/ https://instagram.com/svmedicinabucal
Venezuelan Society of Oral Medicine (SVMB)	2005	https://instagram.com/svmedicinabucal
ASIA		
Asian Society of Oral & Maxillofacial Pathology (ASOMP)	2003	https://www.asomp.com/
Chinese Society of Oral Medicine (CSOM)	1998	NA
Chinese Society of Oral Pathology (CSOP)	1986	NA
Indian Academy of Oral Medicine and Radiology (IAOMR)	1985	http://iaomr.org/
Indonesian Association of Oral Medicine Specialists (ISPMI)	1983	https://www.ispmi.or.id/
Iranian Association of Oral and Maxillofacial Pathologists (IAOMP)	1990	http://omfpathology.com/
Israeli Society of Oral Medicine (ISOM)	1994	http://www.oralmed.org.il/
Japanese Society for Oral Pathology (JSOP)	1978	https://www.jsop.or.jp/
Japanese Society of Oral Diagnosis/Oral Medicine (JSODOM)	1985	http://www.jsodom.org/
Japanese Society of Oral Medicine (JSOM)	1998	https://jsom.sakura.ne.jp/
Malaysian Association of Oral Maxillofacial Pathology and Medicine (MAOMP)	NA	https://www.facebook.com/MAOFD/
Taiwan Academy of Oral Pathology (TAOP)	1989	NA
Oral Diseases Group of Thailand (ODGT)	2003	https://www.facebook.com/ThaiODGT/
EUROPE		
British & Irish Society for Oral Medicine (BISOM)	1981	https://bisom.org.uk/
British Society for Oral and Maxillofacial Pathology (BSOMP)	1967	https://www.bsomp.org.uk/
Croatian Society for Oral Medicine and Pathology (CSOMP)	1997	http://www.oralmed.com.hr/
Dutch Society for Oral Medicine and Oral and Maxillofacial Surgery (NVMKA)	1956	https://www.nvmka.nl/
European Association of Oral Medicine (EAOM)	1998	https://eaom.eu/
French Society of Stomatology, Maxillo-Facial Surgery and Oral Surgery (SFSCMFCO)	1888	https://www.sfscmfco.com/
German Society of Dentistry and Oral Medicine (DGZMK)	1859	https://www.dgzmk.de/
Hellenic Society of Oral Medicine and Oral Pathology (HSOMP)	2000	http://www.pathologyoral.gr/en/
Italian Society for Oral Pathology and Medicine (SIPMO)	1992	https://www.sipmo.it/
Portuguese Academy of Oral Medicine (APMO)	1991	https://www.apmo.pt/web/
Romanian Society of Oral Medicine and Pathology (RSOMP)	2014	NA
Scandinavian Fellowship for Oral Pathology and Oral Medicine (SFOPOM)	1971	http://www.sfopom.org/
Spanish Society of Oral Medicine (SEMO)	1988	http://www.semo.es/
Swedish Association of Orofacial Medicine (SOM)	2011	https://orofacialmedicin361673900.files.wordpress.com/2018/10/som-brochure.pdf
OCEANIA		
Oral Medicine Academy of Australasia (OMAA)	2010	http://www.oma.com.au/

(continued)

Table I. Continued

<i>Organization</i>	<i>Foundation</i>	<i>Website</i>
MULTINATIONAL ORGANIZATIONS		
International Association of Oral and Maxillofacial Pathologists (IAOP)	1976	https://iaop.com/
Ibero-American Academy of Oral Pathology and Medicine (AIPMB)	1995	http://www.aipmb.com/
MULTINATIONAL STUDY GROUPS		
Multinational Association of Supportive Care in Cancer/ International Society of Oral Oncology (MASCC/ISOO) Oral Care Study Group	NA	https://mascc.org/study-groups/oral-care/
Multinational Association of Supportive Care in Cancer/ International Society of Oral Oncology (MASCC/ISOO) Mucositis Study Group	NA	https://mascc.org/study-groups/mucositis/
World Workshop on Oral Medicine (WWOM)	1988	https://wworalmed.org/

Legend: NA: information not available.

America

The American Academy of Oral and Maxillofacial Pathology (AAOMP), officially founded in 1946, has its roots linked to Dr Joseph Bernier, who took the initiative to write to other dentists with great interest in oral pathology. Since its first meeting in 1947, the Academy has reunited its members annually. Since 1950, the American Dental Association recognizes OMP as a boarded dental specialty.^{32,87}

The American Academy of Oral Medicine (AAOM) was founded in 1945 by Dr. Samuel Charles Miller, who sought to integrate the fields of dentistry and medicine. Since 2020, OM has been recognized as a specialty of dentistry in the United States of America. The Academy has sponsored annual meetings since 1947 aiming to share advances in OM education and research.^{3,81}

The Argentine Society of Stomatology—Oral Medicine (SAE-MO) was founded in 2002 to promote scientific and cultural activities related to the diagnosis, prognosis, treatment and prevention of oral and maxillofacial diseases. The Society organizes seminars, courses, conferences, research meetings, and campaigns to achieve its mission.⁹⁵

The Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology (SOBEP) is a non-profit scientific organization founded in 1974.⁵ This Society brings together dentists from all regions of Brazil and Latin America, as well as health professionals from related fields. Through congresses and continuing education courses, SOBEP is dedicated to sharing knowledge in OM and OMP. In the year 2024, SOBEP celebrated the fiftieth anniversary of its establishment.^{5,74}

The Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine (CAOMPOM) is an organization of dental professionals dedicated to the advancement of OM and OMP, while raising awareness of these topics among health care professionals.^{18,78} It was founded in 2000 by the merger of the Canadian academies of oral pathology and oral medicine into the CAOMPOM. There are currently 40 active members in addition to associate, emeritus and student members.

The mission of the Chilean Society of Maxillofacial Pathology (SPBMFCH) is to guide the dental community and general health professionals regarding OMP in Chile. In addition to education, there is also the intention to participate in develop public policies and research.⁸⁸ No information was found on the history of the Colombian Academy of Oral Pathology (ACPO) and the website was not in operation.

Founded in 2011, the Mexican Association of Oral Pathology and Medicine (AMPMB) brings together professionals from the dental and medical fields with experience in OM and/or OMP. Within the Association, the Mexican Board of Oral Pathology and Medicine (Consejo Mexicano de Patología y Medicina Bucal; COMPYMB) was formed, a collegiate group, with the aim of updating the knowledge and quality of services of professionals in these fields.⁷⁰ The Paraguayan Society of Oral Pathology and Medicine (SPPMB) has been officially recognized since 2019. It is known that the first congress sponsored by the Society, in collaboration with the Ibero-American Academy of Oral Pathology and Medicine, was held in 2022. Currently, the website is not on operation.^{59,73}

Founded in 2012, the Peruvian Association of Oral and Maxillofacial Pathology and Medicine (APPAMEB) is most likely formed by dental professionals. It brings together OM and OMP specialists, oral and maxillofacial surgeons and dental radiologists.² Our search did not turn up any online sources, such as a blog or website.

The Uruguayan Society of Stomatological Pathology (SUPE) was founded in 2011, as a section of the Uruguayan Dental Association. Its mission is to promote knowledge and scientific investigation in OMP.⁸⁹

The Venezuelan Society of Oral Medicine (SVMB) was established in 2005,⁹⁰ headquartered in Caracas, as a non-profit organization that unites dental professionals dedicated to the practice of OM or with an interest in the field. Its mission is to advance research, dissemination, progress, and enhancement of OM in Venezuela.

Asia

The Asian Society of Oral & Maxillofacial Pathology (ASOMP) was founded in 2003 with a mission to bring together professionals from at least 15 Asian countries: Bhutan, China, India, Indonesia, Japan, Malaysia, Myanmar, Nepal, Pakistan, Philippines, South Korea, Sri Lanka, Taiwan, Thailand, Vietnam. The Society's main objective is to promote the “expansion of academics in Asia through communication, cooperation in education, research and practice”.⁷⁷

The Chinese Society of Oral Medicine (CSOM) was initially established in 1998 as a research group for oral mucosal diseases, then evolved to a Society status. In China, OM is considered a dental specialty.⁹

The Chinese Society of Oral Pathology (CSOP) was initially established in 1986 as a division of the Chinese Medical Association. Since 1996, the Society is part of the Chinese Stomatological Association.²⁰

Organized in 1985, the Indian Academy of Oral Medicine and Radiology (IAOMR) focuses on oral diagnosis. It brings together dental professionals from different fields for the same goal: "to endeavor higher standards in teaching and practice of Oral Medicine, Oral Diagnosis, Maxillo-facial Radiology and Imaging Sciences".^{29,83}

The principles of the Indonesian Association of Oral Medicine Specialists (ISPMI) began in 1981 as a functional study group from the Indonesian Dental Association. In 1983, ISPMI was established as an independent organization but only in 2017 was its name officially recognized as ISPMI. In Indonesia, OM is considered the field of dentistry that focuses on the oral soft tissue disorders.⁶²

In Iran, the development of OMP as a field of dentistry began in the 1960s under the influence of Dr. Ismail Yazdi. Since then, OMP has been taught in more than 60 dental schools. The Iranian Association of Oral and Maxillofacial Pathologists (IAOMP) was officially constituted in 1990 and holds annual meetings to expand its scientific activities.^{11,67}

The Israeli Society of Oral Medicine (ISOM) is a dental organization that brings together dentists specializing in OM and OMP. Founded in 1994, the Society holds annual national conferences and it also cooperates with the Multinational Association of Supportive Care in Cancer (MASCC), the International Society of Oral Oncology (ISOO), and the Israeli Cancer Association.⁶⁵

The Japanese Society for Oral Pathology (JSOP) is a dentistry-related organization with over 40 years of history, founded in 1978, although little is known about its historical development. Until 1990, the current JSOP was called the Japan Oral Pathology Study Group.⁷⁶

The Japanese Society of Oral Medicine (JSOM) goes back to the establishment of the Research Group of Oral Mucosal Membrane in 1991. In 1995, this group developed into the Japanese Society of Oral Mucosal Membrane. Since 2011, the Society has adopted the name of JSOM.^{33,71}

In Japan, there is also the Japanese Society of Oral Diagnosis/Oral Medicine (JSODOM), which assembles dentists. Activities began in 1985, and the first meeting of the Oral Diagnosis/Oral Medicine Research Group was held a year later.⁶³

Formerly known as the Malaysian Association for Orofacial Diseases, the Malaysian Association of Oral Maxillofacial Pathology and Medicine (MAOMP) and its faculty actively participate in ASOMP, and other events related to OM and OMP.⁶¹

The Taiwan Academy of Oral Pathology (TAOP) was established in 1989. Since 2001, the Ministry of Health and Welfare in Taiwan recognizes OMP as a dental specialty. The members of TAOP include specialists in either OMP or OM or both. In 2023, the 21st International Congress of Oral Pathology and Medicine in conjunction with annual meetings for TAOP and the Asian Society of Oral and Maxillofacial Pathology was held in Taipei.⁹⁷

Little is known about the Oral Diseases Group of Thailand (ODGT). However, the group has been in existence since 2003.³⁴ On their official account on Facebook, the ODGT provides updates in OM and oral diagnostic science to Thai dentists.

Europe

Since its inception in 1981, the British and Irish Society for Oral Medicine (BISOM) has brought together professionals from the medical and dental fields. Focusing on the advancement of clinical OM, by promoting excellence in education and research, the BISOM comprises professionals from England, Scotland, Wales, Northern Ireland and the Republic of Ireland.^{15,86}

The British Society for Oral and Maxillofacial Pathology (BSOMP) started in 1967 as the “Oral Pathology Group” under the Chairmanship of Dr John Boyes. In 1976, it was formally replaced by the British Society for Oral Pathology. In 1999, the name was changed to BSOMP.^{17,80}

OM and OMP in Croatia dates back to the 1930s, with the establishment of the Stomatological Outpatient Clinic at the University of Zagreb. However, it was not until 1997 that the Croatian Society for Oral Medicine and Pathology (CSOMP) was established, which is still closely associated with the European Association of Oral Medicine.²

The Dutch Society for Oral Medicine and Oral and Maxillofacial Surgery (NVMKA) comprises dentists working at the intersection of dentistry and medicine. In the Netherlands, OM is covered by the specialty of oral and maxillofacial surgery. The birth of this specialty in 1956 was accompanied by the foundation of a supporting Society. Originally called the Dutch Society for Oral Surgery and Surgical Prosthodontics, the name was changed to the Dutch

Society for Oral Medicine and Oral Surgery in 1975. Finally in 2006 the Society was renamed NVMKA.^{94,98}

The European Association of Oral Medicine (EAOM) was officially organized in 1998, but the idea of an entity representing all of Europe was born at the beginning of the decade. The association is related to OM, which brings together professionals from medicine and dentistry. Most European countries have members joining the EAOM, such as Albania, Austria, Croatia, Denmark, England, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, the Netherlands, Norway, Portugal, Romania, Scotland, Serbia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and Wales. Professionals outside Europe, from the Americas, Africa, Asia and Oceania, are delegate members.^{4,85}

The French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO) is an organization mainly related to the medical field since OM is directly related to the medical specialty of oral surgery. The Society of Stomatology of Paris was founded in 1888. It officially became the French Society of Stomatology and Maxillofacial Surgery in 1953, which was later renamed SFSCMFCO in 2013. Its first official documented meeting was held in 1973.^{2,75}

Founded in 1859, the German Society of Dentistry and Oral Medicine (DGZMK) comprises more than 30 specialized organizations and groups in the fields of dentistry, oral and maxillofacial surgery, and OM. The DGZMK represents more than 22,000 members, mostly dentists. Involved in research, dental and medical care, politics and society, the DGZMK strives for outstanding clinical practice.⁹³

Established in 2000, the Hellenic Society of Oral Medicine and Oral Pathology (HSOMP) reunites mainly dental professionals interested in OM and OMP. The Society seeks “to promote and provide excellence in education, research, and patient care”^{2,4,69}

The Italian Society of Oral Pathology and Medicine (SIPMO) was founded in 1992. Its membership comprises dentists, oral and maxillofacial surgeons, pathologists and dermatologists.⁸⁴

Since its establishment in 1991, the Portuguese Academy of Oral Medicine (APMO) has aimed to improve the health care in OM and OMP. As a competence area dedicated to the health and diseases of the oral cavity and perioral region, the Academy raises awareness of malignant diseases, oral manifestations of systemic diseases, the medical and surgical treatment of these situations, as well as the provision of oral health care to medically compromised patients.^{2,68}

Founded in 2014, the Romanian Society of Oral Medicine and Pathology congregates dentists, and other medical professionals to bring stomatology and medicine specialties closer.² No online source was found for this Society.

The Scandinavian Fellowship for Oral Pathology and Oral Medicine (SFOPOM) has met annually since its foundation in 1971. The Fellowship unites about 40 members, mostly affiliated with one of the departments at the dental schools or universities in Scandinavia.⁶⁰

The Spanish Society of Oral Medicine (SEMO) was founded in 1988 inspired by Dr. Miguel Lucas Tomás and other professionals. The Society aims to improve the visibility of OM among dental and health professionals, strengthen relationships with organizations and promote continuing education courses.⁷²

The field of OM in Sweden dates back to the second half of the 20th century and its closely related to hospital dentistry/special needs dentistry. The Swedish Society for Oral Medicine

was founded in 1990, and merged with the Swedish Association for Hospital Dentistry (founded in 1976) in 2011, establishing the now Swedish Association of Orofacial Medicine (SOM).⁶⁴

Oceania

The disciplines of OM and OMP have been recognized by Australian State-based Dental Boards as dental specialties since the 1970s, with each discipline supported by a local or Trans-Tasman society. The Oral Medicine Society of Australia and New Zealand (OMSANZ) was founded in 1994 despite the specialty existing for several decades. At formation, it constituted 52 ordinary and 8 student members including oral medicine specialists, oral pathologists, oral surgeons, periodontists and general dental practitioners, and elected Professor Peter Reade as its inaugural President. The Society held its first scientific meeting in 1995. OMSANZ continued to operate until 2012, after which it was dissolved, and its specialist oral medicine members transferred to the Oral Medicine Academy of Australasia (OMAA). The OMAA was founded in 2010 by unanimous vote of the then 17 oral medicine specialists registered in Australia and New Zealand, and elected Professor Camile Farah as its inaugural President. The impetus for forming a specialist Academy as the peak specialty body to represent the interests of oral medicine specialists and that of the specialty followed changes to the Health Practitioner Regulation National Law Act 2009 in Australia and the establishment of the Australian Health Practitioner Regulation Agency mandating national registration.^{2,82} The Academy represents more than 90% of oral medicine specialists in Australia and New Zealand, and supports full members (including 32 fellows), associate members (trainees), and affiliate members, and oversees a national oral medicine fellowship examination.⁸² At the commencement of national registration, OM and OMP were separated into two distinct specialties. The specialty of OMP had for many years been affiliated with the Royal College of Pathologists of Australasia as the Faculty of Oral and Maxillofacial Pathology, and currently supports single digit registered and practicing oral and maxillofacial pathologists.⁹⁶

Multinational organizations

The International Association of Oral and Maxillofacial Pathologists (IAOP) is a scientific organization that unites medical and dental professionals dedicated to the practice, education and research of OMP. Founded in 1976, the IAOP's primary goals are to develop and advance the practice and science of oral pathology, to promote undergraduate and postgraduate education, and to advance the knowledge of clinical aspects, laboratory diagnosis, and applied and translational research in the specialty field of oral pathology.^{30,79} Therefore, anyone with an interest in OMP is encouraged to apply for membership. Since 1981, the IAOP has held congresses on all continents to enable members from different countries to communicate with each other. The recent 22nd edition of the International Congress on Oral Pathology and Medicine was held from June 18th to 22nd, 2024, in Cancún, Mexico.⁷⁹ The 23rd edition is scheduled to take place in Santos, Brazil in 2026.

The Ibero-American Academy of Oral Pathology and Medicine (AIPMB) was officially founded in 1995. The working groups are distributed throughout Ibero-America: Argentina, Brazil, Colombia, Chile, Guatemala, Mexico, Paraguay, Peru, United States, Uruguay, Venezuela and Spain. Since 1995, the Academy has been holding meetings in some of these countries with the aim of promoting the development of OMP and OM in clinical, teaching and research aspects, as well as promoting and facilitating collaboration and communication among

Ibero-American professionals dedicated to the field of OMP and OM.^{2,73} The 19th Congress of the AIPMB will be held in Córdoba, Argentina, from September 25th to 27th, 2025.

Multinational study groups

The Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO) is dedicated to developing and improving support care in cancer.⁹⁹ Within MASCC/ISOO, OM specialists play important roles in both the Oral Care and Mucositis Study Groups. The Oral Care Study Group aims to enhance knowledge of the range of oral complications associated with cancer therapies and to support the translation of this knowledge into improved clinical management for patients.⁹¹ The Mucositis Study Group aims to enhance the outcomes of patients who suffer from oral and gastrointestinal mucositis. They work towards designing and conducting clinical investigations, disseminating up-to-date educational information, and serving as a resource for investigators.⁹²

The World Workshop on Oral Medicine (WWOM) has evolved significantly since its inaugural edition in 1988 in Chicago, USA, under the leadership of Professor H. Dean Millard and Professor David K. Mason. The early editions of WWOM focused on critical themes such as defining the scope of OM, qualifications, training, and patient care.²⁸ Subsequent gatherings in 1993 and 1998 continued to bring together international experts, fostering collaboration and knowledge exchange.²⁶ It was not until WWOM IV in 2006 in Puerto Rico that the workshops evolved to include comprehensive reviews on emerging OM topics and surveys to collect global professional opinions and the participation of tens of faculty members from various countries.²² WWOM V in 2010, held in London, saw faculty representation from 23 countries.²⁴ The subsequent editions, WWOM VI in Orlando and WWOM VII in Sweden, addressed issues such as medication-induced salivary gland dysfunction, management of medically complex patients, and the future of OM.^{25,27} In 2022, WWOM VIII, hosted in Memphis, USA, initiated several impactful projects, including the “World Workshop on Oral Medicine Outcomes Initiative for the Direction of Research (WONDER)”.²³ The upcoming WWOM IX, is scheduled for 2025 in Las Vegas, USA.

The historical evolution of the organizations is presented in Table I, which includes the founding year of each. Figure 2 presents a timeline of the establishment milestones of those scientific entities. Table II provides an overview of the official recognition of OM and/or OMP as a specialty by the regulatory agency of countries that have an organization of OM and/or OMP.

What are the published contributions of OM and OMP societies/associations to the prevention, diagnosis, and management of oral disorders?

To respond to this review question, our search identified research articles, position papers, or clinical practice guidelines published by the aforementioned organizations. Twenty-six sources published as official communications were included. Table III summarizes these findings. Statements not retrieved by the electronic search are available online, such as clinical practice statements by the AAOM (available at <https://www.aaom.com/>) and SIPMO recommendations (available at https://www.sipmo.it/wp-content/uploads/2020/08/SICMF-SIPMO-2.0_web-con-cover-2020.pdf).

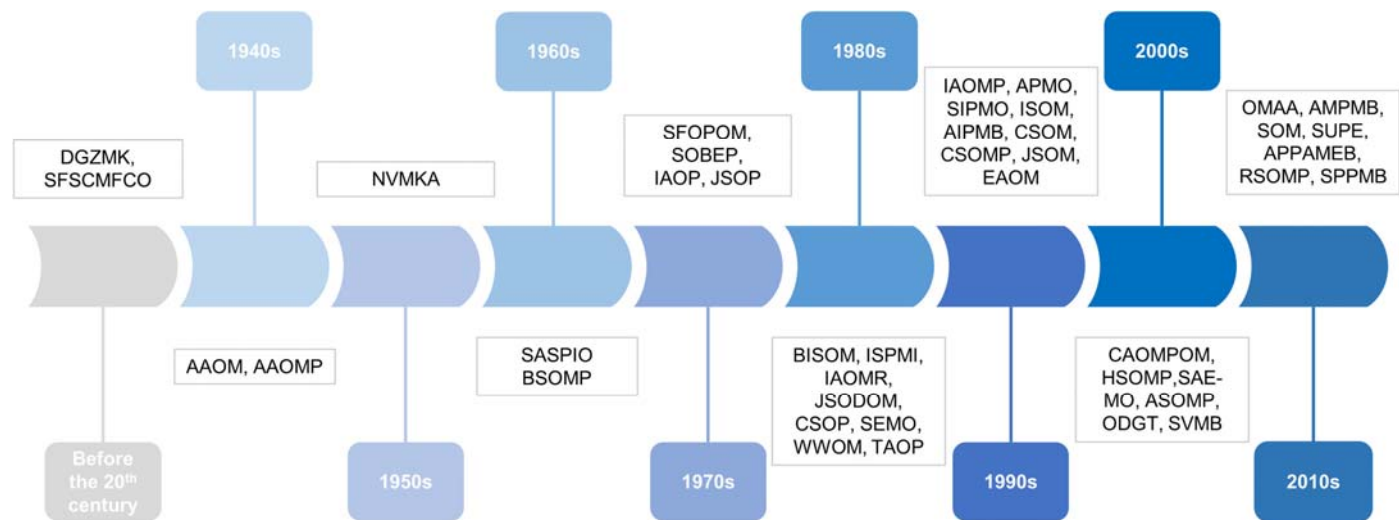


Fig. 2. Timeline depicting the establishment milestones of Oral Medicine (OM) and/or Oral and Maxillofacial Pathology (OMP) organizations*. * It excludes organizations for which the founding year was not available, as indicated in Table I. DGZMK: German Society of Dentistry and Oral Medicine; SFSCMFCO: French Society of Stomatology, Maxillo-Facial Surgery and Oral Surgery; AAOM: American Academy of Oral Medicine; AAOMP: American Academy of Oral and Maxillofacial Pathology; NVMKA: Dutch Society for Oral Medicine and Oral and Maxillofacial Surgery; SASPIO: South African Society for Periodontology, Implantology and Oral Medicine; BSOMP: British Society for Oral and Maxillofacial Pathology; SFOPOM: Scandinavian Fellowship for Oral Pathology and Oral Medicine; SOBEP: Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology; IAOP: International Association of Oral and Maxillofacial Pathologists; JSOP: Japanese Society for Oral Pathology; BISOM: British & Irish Society for Oral Medicine; ISPMI: Indonesian Association of Oral Medicine Specialists; IAOMR: Indian Academy of Oral Medicine and Radiology; JSODOM: Japanese Society of Oral Diagnosis/Oral Medicine; CSOP: Chinese Society of Oral Pathology; SEMO: Spanish Society of Oral Medicine; WWOM: World Workshop on Oral Medicine; TAOP: Taiwan Academy of Oral Pathology; IAOMP: Iranian Association of Oral and Maxillofacial Pathologists; APMO: Portuguese Academy of Oral Medicine; SIPMO: Italian Society for Oral Pathology and Medicine; ISOM: Israeli Society of Oral Medicine; AIPMB: Ibero-American Academy of Oral Pathology and Medicine; CSOM: Chinese Society of Oral Medicine; CSOMP: Croatian Society for Oral Medicine and Pathology; JSOM: Japanese Society of Oral Medicine; EAOM: European Association of Oral Medicine; CAOMPOM: Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine; HSOMP: Hellenic Society of Oral Medicine and Oral Pathology; SAE-MO: Argentine Society of Stomatology – Oral Medicine; ASOMP: Asian Society of Oral & Maxillofacial Pathology; ODGT: Oral Diseases Group of Thailand; SVMB: Venezuelan Society of Oral Medicine; OMAA: Oral Medicine Academy of Australasia; AMPMB: Mexican Association of Oral Pathology and Medicine; SOM: Swedish Association of Orofacial Medicine; SUPE: Uruguayan Society of Stomatological Pathology; APPAMEB: Peruvian Association of Oral and Maxillofacial Pathology and Medicine; RSOMP: Romanian Society of Oral Medicine and Pathology; SPPMB: Paraguayan Society of Oral Pathology and Medicine.

Table II. Recognition of OM and OMP as a specialty by regulatory agency of each country

Country	Oral medicine		Oral and maxillofacial pathology	
	Related to	Recognized specialty	Related to	Recognized specialty
AFRICA				
South Africa	Dentistry	Yes (within Periodontology)	Dentistry	Yes
AMERICA				
The United States of America	Dentistry	Yes	Dentistry	Yes
Argentina	Dentistry	Yes	Dentistry	Yes
Brazil	Dentistry	Yes	Dentistry	Yes
Canada*	Dentistry	Yes	Dentistry	Yes
Chile	Dentistry	Yes	Dentistry	Yes
Colombia	Dentistry	Yes	Dentistry	Yes
Mexico	Dentistry	Yes	Dentistry	Yes
Paraguay	Dentistry	Yes	Dentistry	Yes
Peru	Dentistry	Yes	Dentistry	Yes
Uruguay	Dentistry	Yes	Dentistry	Yes
Venezuela	Dentistry	Yes	Dentistry	Yes
ASIA				
China	Dentistry	Yes	Dentistry	Yes
India	Dentistry	Yes	Dentistry	Yes
Indonesia	Dentistry	Yes	Dentistry	NA
Iran	Dentistry	Yes	Dentistry	Yes
Israel	Dentistry	Yes	Dentistry	Yes
Japan	Dentistry	No	Dentistry	No
Malaysia	Dentistry	Yes	Dentistry	Yes
Thailand	Dentistry	Yes	Dentistry	Yes
Taiwan	Dentistry	No	Dentistry	Yes
EUROPE				
The United Kingdom	Dentistry	Yes	Dentistry	Yes
Croatia	Dentistry	Yes	Dentistry	Yes
The Netherlands	Dentistry and Medicine	No	Dentistry and Medicine	No
France [†]	Medicine	Yes	Medicine	No
Germany	Dentistry	No	Dentistry	No
Greece [‡]	Dentistry	No	Dentistry	No
Italy	Dentistry and Medicine	No	Dentistry and Medicine	No
Portugal	Dentistry and Medicine	Yes	Dentistry	Yes
Romania	Dentistry and Medicine	No	Dentistry and Medicine	No
Spain	Dentistry	No	Dentistry	No
Sweden	Dentistry	Yes (within Orofacial Medicine)	NA	NA
OCEANIA				
Australia	Dentistry	Yes	Dentistry	Yes

Legend: NA: information not available.

*In Canada, Oral Medicine and Pathology is recognized as a dental specialty that includes OM and OMP.

†In France, the medical specialty of “Stomatology” encompasses, but is not limited to, the fields of OM and OMP.

‡In Greece, OM and OMP are under the broad term “Stomatology”.

Table III. Findings by topic related to OM and/or OMP education and training, prevention, diagnosis and/or management of oral conditions/diseases

<i>Organization</i>	<i>Author</i>	<i>Study design</i>	<i>Topic</i>	<i>Conclusions</i>
American Academy of Oral Medicine (AAOM)	Migliorati et al., 2005 ⁴⁴	Position paper	Prevention and management of bisphosphonate-associated osteonecrosis (BON) for patients with cancer and/or osteoporosis	<ul style="list-style-type: none"> • It is important that dentists and physicians communicate with each other so that patients receive good care, not only dentally, but also medically. • Understanding the mechanisms that lead to BON could be provided by clinical research, identifying risk factors and therapeutic measures. • The patient, dentist and physician must agree on the course of treatment to prevent or minimize the risk of BON development.
American Academy of Oral Medicine (AAOM)	Little et al., 2010 ⁴⁸	Position paper	Dental treatment of patients with joint replacements	<ul style="list-style-type: none"> • The AAOM suggests 3 options for dentists: inform their patients with prosthetic joints of the lack of scientific evidence to support antibiotic prophylaxis (AP) in their situation and the potential for a drug reaction; choose to base their clinical decisions entirely on the 2003 consensus statement and other literature published since then; or contact the patient's orthopaedic surgeon, discuss or outline the dilemma in a letter, and suggest that they both follow the 2003 guidelines until a new joint consensus statement is approved. • The AAOM believes the 2009 American Academy of Orthopaedic Surgeons (AAOS)' information statement on AP for bacteremia in patients with joint replacements. should not replace the 2003 joint consensus statement prepared by the American Dental Association, the AAOS and the e Infectious Diseases Society of America.
American Academy of Oral and Maxillofacial Pathology (AAOMP)	Woo, Hellstein and Kalmar, 2006 ⁴⁰	Position paper	A systematic review on bisphosphonates and osteonecrosis of the jaws	<ul style="list-style-type: none"> • Patients treated with bisphosphonates are at risk of developing osteonecrosis of the jaws. • The authors outlined findings on the actions of bisphosphonates and its potential adverse effects, oral complication of the use of the medication, risk factors for developing BON, prevalence and management recommendations, as well as other topics.
American Academy of Oral and Maxillofacial Pathology (AAOMP)	Lingen et al., 2007 ⁴¹	Position paper	Diagnostic aids for the detection of oral cancer	<ul style="list-style-type: none"> • Although screening and early detection in at-risk populations could minimize morbidity and mortality from oral cancer, visual detection of these lesions is not standardized. This is due to subjective interpretation by the clinician. There is also the issue of heterogeneous presentation of oral potentially malignant disorders and incipient oral cancer. • Many techniques and tools can be used in the diagnosis of oral cancer, but there is little strong evidence to support their use.

Table III. Continued

<i>Organization</i>	<i>Author</i>	<i>Study design</i>	<i>Topic</i>	<i>Conclusions</i>
American Academy of Oral and Maxillofacial Pathology (AAOMP)	Cheng et al., 2016 ⁴²	Position paper	Diagnostic criteria for oral lichen planus (OLP)	<ul style="list-style-type: none"> • Resemblances in clinical or histopathological features of OLP compared to other disorders can make the OLP diagnosis challenging. • The authors compared the WHO criteria and WHO modified criteria for diagnosis and proposed a new set of clinical and histopathological criteria. A checklist for clinical information regarding oral lichenoid lesions was also presented. • The diagnostic process for OLP involves oral pathologists and clinician working together, relating clinical and histopathological features.
Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology (SOBEP)	Madeira et al., 2020 ⁴⁵	Position paper	Risk factors for the development of medication-related osteonecrosis of the jaws (MRONJ) and prevention of this complication in patients with osteoporosis taking antiresorptive drugs and requiring invasive dental treatment	<ul style="list-style-type: none"> • Osteoporosis often requires treatment with antiresorptive drugs. • The use of antiresorptive agents in patients with osteoporosis has not been strongly associated with the development of MRONJ. However, these agents are considered a risk factor for MRONJ. • Due to the poor quality of life of MRONJ patients, it is imperative that these patients receive adequate care, from prevention to treatment. • Interprofessional healthcare is required to manage this condition.
British Society for Oral and Maxillofacial Pathology (BSOMP)	Odell et a., 2004 ⁴³	Position paper	Curriculum in OMP for undergraduate dental education in the UK	<ul style="list-style-type: none"> • This consensus provides statements regarding the minimum knowledge and skills that dental students should receive during their education. • Dental students should be aware of the range of diseases that affect not only the oral mucosa but also the head and neck tissues. They should also understand the diagnostic process and the histopathologic features of common oral lesions. • Last but not least, evidence-based practice should guide OMP practice.
Chinese Society of Oral Medicine (CSOM)	Chen et al., 2020 ⁴⁷	Position paper	Management of burning mouth syndrome (BMS)	<ul style="list-style-type: none"> • This position paper provides 27 recommendations, summarizing pre-treatment examinations, removal of stimuli, pharmacological and non-pharmacological therapy. • The clinical pathway for diagnosis and management of BMS developed by the authors should be used by clinicians.

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Table III. Continued

<i>Organization</i>	<i>Author</i>	<i>Study design</i>	<i>Topic</i>	<i>Conclusions</i>
Chinese Society of Oral Medicine (CSOM)	Chen et al., 2021 ⁴⁶	Position paper	Management of oral leukoplakia (OL)	<ul style="list-style-type: none"> • This position paper provides 22 recommendations for the clinical management and surveillance of OL. • The clinical pathway for diagnosis and monitoring of OL developed by the authors should be used by clinicians.
Chinese Society of Oral Medicine (CSOM)	CSOM, 2023 ⁵⁷	Guideline	Diagnosis and management of oral submucous fibrosis (OSF)	<ul style="list-style-type: none"> • The authors addressed the clinical diagnosis and treatment of OSF, targeting clinicians, nursing staff and management personnel for policy formulation. • Medical institutions in China are recommended to follow the guideline recommendation for standardized diagnosis and treatment of this oral potentially malignant disorder.
European Association of Oral Medicine (EAOM)	Pentenero et al., 2022 ³⁷	Quantitative study	Attitudes and practice in the diagnosis, risk stratification and treatment of oral leukoplakia (OL) in Europe and Australia	<ul style="list-style-type: none"> • This study shows that there is no consensus on the management of oral potentially malignant disorders. • OMP practitioners still have the power to define risk assessment, based on subjective perception, leading to potential inconsistencies in the management of these disorders. • There is currently insufficient evidence to support treatment guidelines.
French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO)	SFSCMFCO, 2013 ⁵⁵	Guideline	Recommendations for the management of MRONJ	<ul style="list-style-type: none"> • The SFSCMFCO provides guidelines in assessing the risk of MRONJ prior to a surgical procedure, which protocol(s) should be adopted to reduce the risk of MRONJ following a surgical procedure, and guidelines on diagnosing and treating MRONJ.
French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO)	Cheyne et al., 2016 ⁵⁶	Guideline	Indications for occlusal appliance use in temporomandibular disorders (TMD)	<ul style="list-style-type: none"> • Experts recommend following the Diagnostic Criteria for TMD (DC/TMD) Axis I and II protocols. • Recommendations are formulated on treatment options including conservative management, stabilization splints, anterior repositioning splint, etc.
French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO)	SFSCMFCO, 2020 ⁵⁴	Guideline	Recommendations for the prevention of nosocomial infections for oral health professionals	<ul style="list-style-type: none"> • The guidelines include statements on mask use, use of goggles, hand washing, gloves, distancing, and surface disinfection. • There are also recommendations for oral care for asymptomatic or mildly symptomatic patients and hospitalized patients.

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Table III. Continued

<i>Organization</i>	<i>Author</i>	<i>Study design</i>	<i>Topic</i>	<i>Conclusions</i>
French Society of Stomatology, Maxillofacial Surgery and Oral Surgery (SFSCMFCO)	Khonsari et al., 2021 ⁵⁸	Guideline	3D-printing in maxillo-facial surgery, stomatology, and oral surgery	<ul style="list-style-type: none"> • Implementing in-house 3D-printing requires technical considerations and logistical adjustments. • It is important to be aware of regulatory restrictions when 3D-printing medical devices. • Several scenarios in which 3D-printed medical devices can be used have been addressed by the authors.
Italian Society of Oral Pathology and Medicine (SIPMO)	Adamo et al., 2022 ³⁵	Quantitative study	Clinical, psychological profile and symptoms between Italian patients with OLP from the North and Central-South regions	<ul style="list-style-type: none"> • There is higher prevalence of pain, anxiety, depression and sleep disturbance in patients with OLP in the Central-South regions of Italy. • Oral symptoms and psychological profile differences between patients may be multifactorial. • Individual and environmental factors should be taken into account when assessing a patient with OLP, as well as the disparities in health care and in quality of life between patients living in different geographical areas. • Stress management programs could help patients to cope with stress and benefit the clinical management.
Italian Society of Oral Pathology and Medicine (SIPMO)	Adamo et al., 2022 ³⁶	Quantitative study	Analysis of quality of sleep and the differences between keratotic and non-keratotic manifestations of OLP patterns	<ul style="list-style-type: none"> • Sleep disturbances are mostly undiagnosed and untreated in OLP patients. • There is a high prevalence of insomnia and mood disorders in the sample evaluated in this study; therefore, the psychological status of this patients should be assessed. • Poor quality of life is an aggravating factor for OLP. It can be improved by treating sleep disturbances.
Italian Society of Oral Pathology and Medicine (SIPMO)	Adamo et al., 2023 ³⁸	Quantitative study	Analysis of prevalence of depression and anxiety in keratotic OLP	<ul style="list-style-type: none"> • Anxiety and depression presented higher prevalence in keratotic OLP patients than in healthy controls. • Severity of OLP might not be aggravated by anxiety and depression levels.
Italian Society of Oral Pathology and Medicine (SIPMO), in collaboration with the Italian Allied Committee in Osteonecrosis of the Jaws	Campisi et al., 2020 ²¹	Conference report	MRONJ diagnosis and therapy, prevention and the dental management of patients at risk of MRONJ	<ul style="list-style-type: none"> • MRONJ is a serious complication of antiresorptive and/or antiangiogenic medications and is associated with poor quality of life in affected patients. • The authors addressed 6 issues related to MRONJ and provided good and questionable practices related to each of them: clinical diagnosis, radiologic diagnosis, prevention, dental management, drug suspension in at-risk patients, and therapy.

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Table III. Continued

<i>Organization</i>	<i>Author</i>	<i>Study design</i>	<i>Topic</i>	<i>Conclusions</i>
Italian Society of Oral Pathology and Medicine (SIPMO), in collaboration with the Italian Society of Maxillofacial Surgery	Bedogni et al., 2024 ⁵²	Position paper	Recommendations for researchers and clinicians on MRONJ	<ul style="list-style-type: none"> • MRONJ is challenging condition for both researchers and clinicians in terms of prevention and treatment. • The authors provided insightful recommendations on: definition, epidemiology, diagnosis, staging, risk factors and individual risk assessment, prevention strategies, drug holiday and treatment, as well as a staged-related surgical algorithm.
Japanese Society of Oral Pathology (JSOP), Japanese Society of Oral Medicine (JSOM), Asian Society of Oral and Maxillofacial Pathology (ASOMP)	JSOP; JSOM; ASOMP, 2014 ³⁹	Qualitative study	Description the concept of carcinoma in situ (CIS) in the committee's view	<ul style="list-style-type: none"> • The expert panel concludes that the sample could be differentiated into 2 major histologic variations of oral CIS, basaloid and differentiated. • In the cases analyzed, a large number of CIS were of the differentiated type. A tendency to keratinization of CIS was observed.
Mexican Association of Oral Pathology and Medicine (AMPMB)	Anaya-Saavedra, 2021 ¹⁹	Commentary	Oral manifestations accompanying and related to COVID-19	<ul style="list-style-type: none"> • Oral manifestations in SARS-CoV-2 infection do not serve as early identification markers and do not necessitate a biopsy. • In addressing global uncertainty and fear, health professionals play a crucial role by analyzing and conveying scientific information to patients with clarity, truthfulness, and efficacy.
Scandinavian Fellowship for Oral Pathology and Oral Medicine (SFOPOM)	Kragelund et al., 2012 ⁵³	Guideline	Standard of OMP and OM in the European dental curriculum	<ul style="list-style-type: none"> • The authors present the definition of OMP and OM established by consensus of the SFOPOM faculty in 2009 and the competencies of a Scandinavian dentist. • The diagnostic approach is not simple and many aspects have to be considered by the clinician. • It is important to include oral diseases/conditions and oral manifestations of systemic diseases/disorders in the curriculum in terms of their commonality, importance and uniqueness.
Spanish Society of Oral Medicine (SEMO)	Gutiérrez et al., 2006 ⁵⁰	Position paper	Antibiotic prophylaxis in dental surgery and procedures	<ul style="list-style-type: none"> • Antibiotic prophylaxis in Dentistry has certain well-founded, precise indications and offers the international scientific community a practical protocol for action.

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Table III. Continued

<i>Organization</i>	<i>Author</i>	<i>Study design</i>	<i>Topic</i>	<i>Conclusions</i>
Spanish Society of Oral Medicine (SEMO)	Sosa Henríquez et al., 2009 ⁵¹	Position paper	Osteonecrosis of the jaw (ONJ)	<ul style="list-style-type: none"> • In a consensus, the authors consider patients undergoing treatment for osteoporosis with bisphosphonates to be at a higher risk for ONJ if they have a previous history of ONJ, are being treated with immunosuppressors, or are undergoing prolonged treatment with bisphosphonates. • Conservative dental treatment can be performed without discontinuing bisphosphonate treatment if the patient does not have additional risk factors, is not receiving corticosteroids, or has not been receiving bisphosphonates for osteoporosis for more than 3 years. Any decision to suspend treatment should be discussed with the medical team, and if necessary, the medication should be reinstated as soon as healing occurs. • There are no tests that are sensitive or specific enough to predict or provide an early diagnosis of ONJ.
Spanish Society of Oral Medicine (SEMO)	Jané-Salas et al., 2022 ⁴⁹	Position paper	Oral care in cancer patients	<ul style="list-style-type: none"> • Oral health significantly influences the well-being and quality of life for cancer patients, emphasizing the importance of prioritizing its preservation and care during cancer treatments. The document provides recommendations for different phases of the treatment process: • Before treatment: emphasizes the need for a systematic dental review in patients before cancer treatment to avoid potential limitations in treatment effectiveness and impacts on the patient's quality of life. • During treatment: suggests that minimal dental intervention is ideal during cancer treatment, with a focus on emergency treatments and preference for pharmacological actions. • After treatment: highlights the importance of assessing patient rehabilitation, taking into account the treatments received and potential after-effects. It mentions that for patients treated for other neoplasms, there should be no limitation in the type of intervention, except for those who received bisphosphonates.

AP: antibiotic prophylaxis; AAOS: American Academy of Orthopaedic Surgeons; BMS: burning mouth syndrome; BON: bisphosphonate-associated osteonecrosis; CIS: carcinoma *in situ*; MRONJ: medication-related osteonecrosis of the jaws; OL: oral leukoplakia; OLP: oral lichen planus; OMP: oral and maxillofacial pathology; OM: oral medicine; ONJ: osteonecrosis of the jaw; OSF: oral submucous fibrosis.

DISCUSSION

This investigation provided a comprehensive scoping review of sources elaborating on the existing OM and OMP scientific organizations from diverse regions across the Americas, Asia, Africa, Europe, and Oceania. Our primary focus was to summarize the establishment processes of these scientific organizations, list their global distribution and highlight their significant contributions toward oral health promotion.

While the first systematic description of oral diseases by Hippocrates, a Greek physician, was documented in V B.C.,¹⁰⁰ the field of study that provides health care to patients with oral diseases and medical complexities was principled in the early 1920s. Consequently, the 1940s witnessed great revolutionary development in the area of oral care resulting in the evolution and shaping of the fields of OM and OMP.^{1,2,101} That decade was also marked by the founding of the first documented organizations dedicated solely to OM and OMP which marked a significant milestone in the formalization and institutionalization of these areas of healthcare.^{1,10} Figure 2 illustrates the development of the associations in the 19th, 20th, and 21st centuries.

Notably, OM and OMP are recognized for their unique role in bridging the fields of medicine and dentistry, as they inherently integrate the knowledge and practices from both of these disciplines. This hybridization of both disciplines in these 2 specialties is clearly perceived when OM and OMP specialists are considered to be part of the dental profession in the majority of the countries, while their scope falls into the medical profession in some European and Asian countries.^{2,4} This is reflected in the fact that a significant amount of formal postgraduate training in OM, and especially OMP, takes place in medical departments.

Our analysis revealed a notable heterogeneity in the establishment processes of such organizations, especially concerning their foundation throughout the 20th and 21st centuries, and also the recognition of OM and or/ OMP as a specialty of the dental or medical field in these countries. Additionally, we identified a disproportionate geographic distribution of these scientific entities across the continents (Figure 3). This ranged from complete absence of scientific societies/associations in the Caribbean, Central America, and the Middle East,⁷ regardless of recognizable specialty status of OM and OMP in many of these countries, to the existence of scientific OM and OMP societies/associations in each of the large North American countries.^{70,78,81,87} Moreover, it was noted that the large densely populated Asian continent is only represented by 13 organizations and that only one organization was identified in Africa.⁶⁶ This inadequacy raises important questions about the extent representation and accessibility OM and OMP have achieved in those geographic area,¹⁰² and the level of support professional practitioners in both fields are receiving. Despite an increased patient need, particularly in the context of oncology supportive care,¹⁰³ many countries still lack an official presence of OM and/or OMP.

In term of the contributions of OM and OMP societies/associations to the prevention, diagnosis, and management of oral disorders, few official communications authored by the organizations were found. The themes most assessed were MRONJ by SIPMO, AAOMP, AAOM, SOBEP, SEMO and SFSCMOFCO,^{21,40,44,45,51,52,55} and oral potentially malignant disorders (OPMDs) by SIPMO, EAOM, AAOMP and CSOM.^{35, 36, 37, 38,42,46,57} The MASCC/ISOO study groups have published reviews and guidelines on topics related to supportive care in cancer, with a focus on OM related subjects, such as mucositis and oral care during and after cancer therapy (Supplementary Table III). The WWOM study groups have developed and published reviews

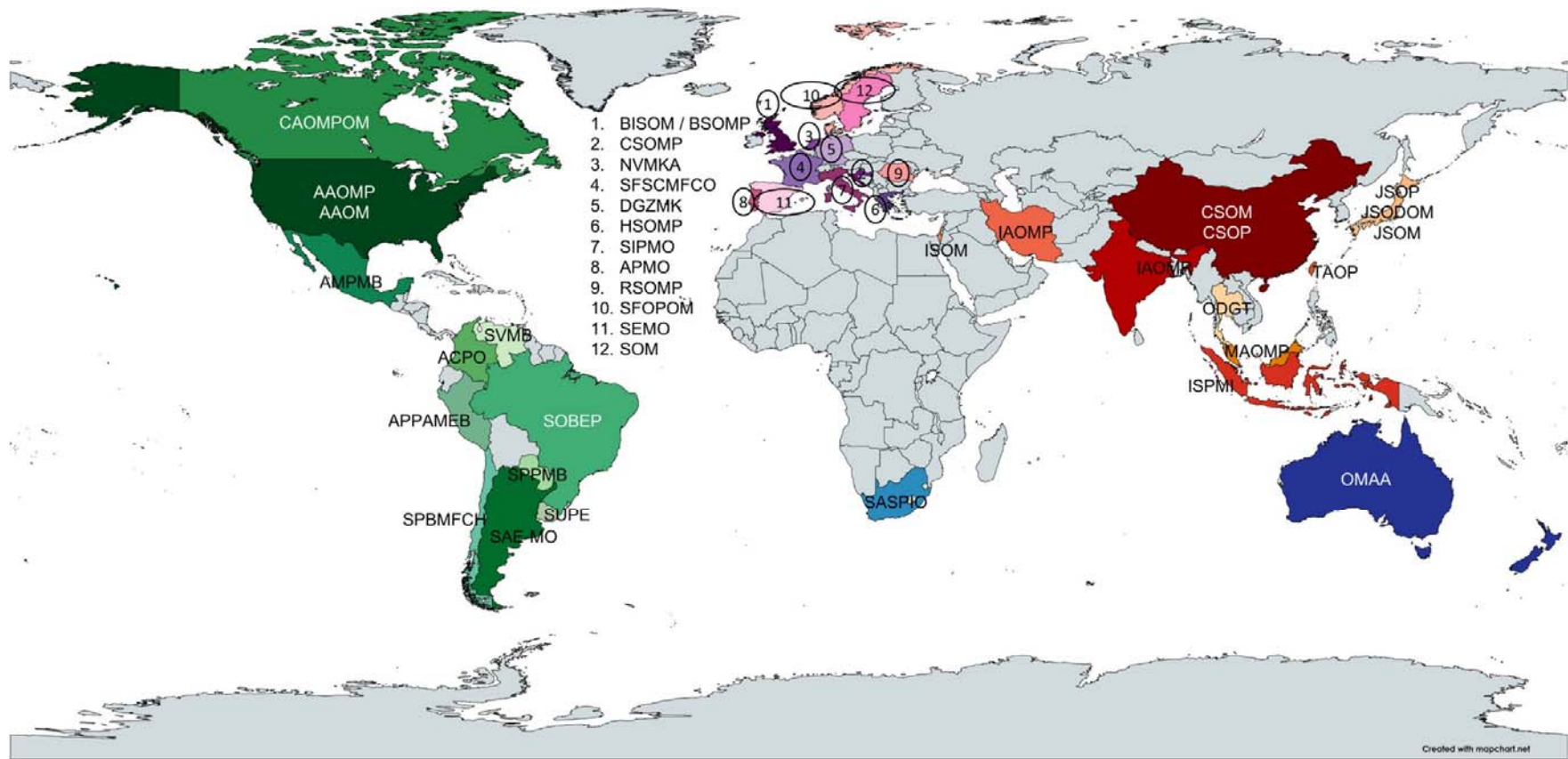


Fig. 3. Geographical representation of the location of national OM and/or OMP organizations*. *Map does not include multinational organizations or multinational events, as which the International Association of Oral and Maxillofacial Pathologists, the Ibero-American Academy of Oral Pathology and Medicine, the Asian Society of Oral & Maxillofacial Pathology, the European Association of Oral Medicine, the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology Mucositis Study Group, the Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology Oral Care Study Group and the World Workshop on Oral Medicine. Africa: SASPIO: South African Society for Periodontology, Implantology and Oral Medicine. America: AAOMP: American Academy of Oral and Maxillofacial Pathology; AAOM: American Academy of Oral Medicine; SAE-MO: Argentine Society of Stomatology – Oral Medicine; SOBEP: Brazilian Society of Oral Medicine (Stomatology) and Oral Pathology; CAOMPOM: Canadian

Academy of Oral and Maxillofacial Pathology and Oral Medicine; SPBMFCH: Chilean Society of Maxillofacial Pathology; ACPO: Colombian Academy of Oral Pathology; AMPMB: Mexican Association of Oral Pathology and Medicine; SPPMB: Paraguayan Society of Oral Pathology and Medicine; APPAMEB: Peruvian Association of Oral and Maxillofacial Pathology and Medicine; SUPE: Uruguayan Society of Stomatological Pathology; SVMB: Venezuelan Society of Oral Medicine. Asia: CSOM: Chinese Society of Oral Medicine; CSOP: Chinese Society of Oral Pathology; IAOMR: Indian Academy of Oral Medicine and Radiology; ISPMI: Indonesian Association of Oral Medicine Specialists; IAOMP: Iranian Association of Oral and Maxillofacial Pathologists; ISOM: Israeli Society of Oral Medicine; JSOP: Japanese Society for Oral Pathology; JSODOM: Japanese Society of Oral Diagnosis/Oral Medicine; JSOM: Japanese Society of Oral Medicine; MAOMP: Malaysian Association of Oral Maxillofacial Pathology and Medicine; ODGT: Oral Diseases Group of Thailand; TAOP: Taiwan Academy of Oral Pathology. Europe: BISOM: British & Irish Society for Oral Medicine; BSOMP: British Society for Oral and Maxillofacial Pathology; CSOMP: Croatian Society for Oral Medicine and Pathology; NVMKA: Dutch Society for Oral Medicine and Oral and Maxillofacial Surgery; SFSCMFCO: French Society of Stomatology, Maxillo-Facial Surgery and Oral Surgery; DGZMK: German Society of Dentistry and Oral Medicine; HSOMP: Hellenic Society of Oral Medicine and Oral Pathology; SIPMO: Italian Society for Oral Pathology and Medicine; APMO: Portuguese Academy of Oral Medicine; RSOMP: Romanian Society of Oral Medicine and Pathology; SFOPOM: Scandinavian Fellowship for Oral Pathology and Oral Medicine; SEMO: Spanish Society of Oral Medicine; SOM: Swedish Association of Orofacial Medicine. Oceania: OMAA: Oral Medicine Academy of Australasia.

and surveys on emerging and relevant topics in OM including salivary dysfunction, oral mucosal diseases, and burning mouth syndrome (Supplementary Table IV). Utilizing the best evidence available in clinical practice is essential for achieving high-quality care and optimal patient outcomes.^{104,105}

The potential limitation of the present scoping review was the limited data reported on the spread of OM and OMP across the globe. The unavailability of the information about OM and OMP societies/associations in certain parts of the world does not necessarily represent complete absence of the professional organizations but rather points out at the voids that need to be filled by providers in these fields. The inclusion of information from the societies/associations websites, as additional sources of information, was a necessity due to the lack of published literature pertaining to the establishment efforts and development processes of the organizations. This renders our sources chances for bias and inaccuracies due to the lack of peer review process.

Existing OM and OMP societies/associations should take proactive measures to generate research and publications that serve as resources for evidence-based practice in OM and OMP, alongside web-based materials for patient education. In addition, organizations should enhance their efforts in offering both online and published literature that delves into the development of these fields within their respective countries, thereby providing a comprehensive overview of practitioners' contributions. A notable strength of our study resides in its scoping review framework, which systematically employed a rigorous search strategy and integrates multiple sources of evidence.

CONCLUSION

Historic documentation for the establishment efforts and development processes of OM and OMP scientific organizations across the continents is still lacking. Mapping the global distribution of the scientific entities shows that OM and OMP have developed heterogeneously across the globe, increasing inequalities in accessibility and standardization of the scope of these specialties. Literature regarding the contributions of OM and OMP societies/associations in area pertaining to the prevention, diagnosis, and management of oral disorders remain scarce and further efforts should be implemented.

CRediT authorship contribution statement

Thaís Cristina Esteves-Pereira: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **Erison Santana dos Santos:** Writing – original draft, Methodology, Formal analysis. **João Adolfo Costa Hanemann:** Formal analysis, Data curation. **Pablo Agustín Vargas:** Visualization, Resources. **Márcio Ajudarte Lopes:** Visualization, Resources. **Willie F.P. van Heerden:** Writing – review & editing. **Caroline Bissonnette:** Writing – review & editing. **René Luis Panico:** Writing – review & editing. **Wilfredo Alejandro González-Arriagada:** Writing – review & editing. **Mario Nava-Villalba:** Writing – review & editing. **Karen Patricia Domínguez Gallagher:** Writing – review & editing. **Ronell Bologna-Molina:** Writing – review & editing. **Cristina Saldivia-Siracusa:** Writing – review & editing. **Paswach Wiriyakijja:** Writing – review & editing. **Raghu Anekal Radhakrishnan:** Writing – review & editing. **Arwa Mohammad Farag:** Writing – review & editing. **Toru Nagao:** Writing – review & editing. **Yu-Feng Huang:** Writing – review & editing. **Richeal Ni Riordain:** Writing – review & editing. **Márcio Diniz-Freitas:** Writing – review & editing. **Hélio Bertin:** Writing – review & editing.

Camile S. Farah: Writing – review & editing. **Adalberto Mosqueda-Taylor:** Writing – review & editing. **Danyel Elias da Cruz Perez:** Writing – review & editing. **Keith David Hunter:** Writing – review & editing. **Alessandro Villa:** Writing – review & editing. **Alan Roger Santos-Silva:** Writing – review & editing, Project administration, Conceptualization.

Presentation

Preliminary results of this scoping review were presented in a poster entitled “Oral Medicine (Stomatology) & Oral Pathology international associations/societies: preliminary results of a scoping review” at the 48th Brazilian Congress of Oral Medicine (Stomatology) and Oral Pathology (2022). The full results of this scoping review were presented at the 50th Brazilian Congress of Oral Medicine (Stomatology) and Oral & Maxillofacial Pathology (2024) in a poster entitled “Historical analysis of the international organizations of Oral Pathology and Medicine (Stomatology): a scoping review”.

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Disclaimer

The authors acknowledge that there may be additional scientific organizations beyond those mentioned in the text that were not cited due to not being retrieved by the search strategy.

Declaration of interest

The authors declare no conflict of interest.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the authors used DeepL Write and ChatGPT in order to improve readability and language. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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