

Supplementary Materials

1. Criteria for a clinical case presentation

a. Zunzarren

According to **Zunzarren**, a clinical case presentation has the following scheme:

- reason for consultation;
- medical interrogations, allergies, addictions;
- medical and surgical history;
- dental history;
- extra-oral exam;
- intra-oral exam;
- additional exams;
- hypothesis;
- treatment proposal;
- pronostic.

Zunzarren, Rodolphe. *Guide clinique d'odontologie*. 3rd edn. France: Elsevier Masson, 2019.

b. Mortazavi

A lesion should be examined as follows according to **Mortazavi**:

- size: length, width, and height;
- number: single, multiple;
- outline: regular, irregular;
- surface: smooth, granular, verrucous, papillomatous, pebbly, cobblestone;
- base: pedunculated, sessile, nodular, dome-shaped;
- site: mucosal, intra-bony, dental;
- color: red, pink, white, red-white combined, blue, purple, gray, yellow, black, or brown according to their prevalence in oral mucosa;
- consistency: soft, hard, cheesy, firm, rubbery, and fluctuant;
- origin: acquired, non-acquired;
- morphology or clinical appearance: primary lesions, secondary lesions.

Mortazavi, Hamed, Maryam Baharvand, Kazem Dalaie, Mahdi Faraji, Hamidreza Khalighi, et Mohammad Behnaz. « Oral Lesion Description: A Mini Review ». *International Journal of Medical Reviews* 6, n° 3 (1 septembre 2019): 81-87. <https://doi.org/10.29252/IJMR-060303>.

c. Perrin

To these criteria, **Perrin** adds (17):

- shape: regular or irregular;
- about the outline, he prefers clear-cut or blurred instead of regular / irregular;
- layout: spread, clustered, convergent;
- about the site, he defines 3 groups: local, regional, general.

Perrin, Daniel, Victorin Ahossi, Patrick Larras, Arnaud Lafon, et Eric Gérard. *Manuel de chirurgie orale. Technique de réalisation pratique, maîtrise et exercice raisonné au quotidien*. France: Éditions CdP, 2012.

d. Subramanyam

Subramanyam adopts another point of view with his classification of oral lesion (18):

- color change;
- loss of integrity;
- growth / swelling;
- intrabony odontogenic;
- syndromal.

Subramanyam, Rv. « Oral Pathology in Clinical Dentistry: A Systematic Approach ». *Journal of the International Clinical Dental Research Organization* 6, n° 2 (2014): 72-76.

<https://doi.org/10.4103/2231-0754.143476>.

e. Linton

Linton is a bit less exhaustive in her description and keeps (19):

- morphology: the form or structure of an individual skin lesion;
- lesion: any single area of altered skin. Lesions may be solitary or multiple;
- primary lesion: a lesion directly associated with the disease process that is described with established dermatological terminology (macule, papule, patch, plaque, vesicle, bulla, and others);
- secondary lesion: modification of a primary lesion that results from evolution of the primary lesion, traumatic injury, or other external factors.

Linton, Christina P. « Essential Morphologic Terms and Definitions »: *Journal of the Dermatology Nurses' Association* 3, n° 2 (mars 2011): 102-3.

<https://doi.org/10.1097/JDN.0b013e318211c6f0>.

2. Complete description of the scoring grid

Categories	Criteria	Attribution: Present = 0, Else = 1
Clinical case criteria	Reason for consultation	The purpose of the consultation had to be mentioned; if it is not, one point was attributed. Thus, if the lesion was the reason for consultation, it meant it somehow affected the patient (worry, hem in everyday-life, etc.). Sometimes, the dentist had not seen his patient, who had forwarded him a photo of the lesion; in that case, it was be considered NA.
	Medical and surgical history	Explaining the medical and surgical history is important, since it can be helpful to diagnose the pathology. Hence, we decided that age and sex had to be written in any case. Then, the practitioner had to specify either that there was no element in the medical history that was relevant, or give at least one element among the followings: pathologies, allergies, medications, life habits (smoking, drinking, consumption of drugs...), if there had been previous hospitalisations or surgeries, dental history. If the author of the post did not mention age, sex, and any medical history (or “no element in the medical history is relevant), one point was attributed.
	Extra-oral exam	The extra-oral exam allows the practitioner to feel a lymph node swelling, to observe an asymmetry, or to generate a painful palpation. If there were no word about it, this criterion was considered to be missing and one point was attributed.
	Intra-oral exam	The intra-oral exam is the description of what is to be found inside the oral cavity. If there were no word about it, this criterion was deemed to be missing, meaning that one point is given.
Dermatological case criteria	Size and number	About the size, if there were no mention of it and if no exploitable photograph with elements that provide us an idea of the size was presented, one point was attributed. About the number, if it were not specified and if the turn of phrase did not let understand the number of lesions, or if the number could not be evaluated thanks to the photo, one point was given.
	Outline	The outline can be regular or irregular. If there were no mention of this criterion in the description, or if the quality of the photo was not good enough to clearly see the outline, one point was given for this criterion.
	Surface	The surface may be smooth, granular, verrucous, papillomatous, pebbly, cobblestone, partially removable... A comment about the surface was expected in the description, or the photo had to be clear

		enough to give a good idea of the surface; if it were unclear, one point was to be given.
	Base	The lesion can be pediculated. A comment is expected if the lesion is located on a mucosa.
	Color	The colour of a lesion varies and has to be described according to the prevalent colour in oral mucosa. If there were no mention of this criterion in the description, and if the quality of the photo was not good enough to read the shades of colour, one point was attributed for this criterion.
	Consistency	The consistency may vary, from soft to hard, or cheesy, firm, rubbery, or even fluctuant. As it is hardly evaluable on a photo, a comment about the consistency was expected in the description. If there were no comment, one point was given.
	Photograph	Photographs are essential to communicate about dermatology. One point was given if all photographs are of poor quality. We defined poor quality as bad colorimetry, blurriness of the lesion, lack of healthy background. The quality was evaluated on the colorimetry, on the sharpness, on the fact that the lesion gets to be seen in full with a healthy zone around.
	Lesion history	The lesion history shall mention at least the date of discovery or any element relative to the temporality that is helpful for diagnosis purpose, or mention that it is unknown. If it is applicable, it is better that the post mentions the evolution, and since when it is painful. The point was given if there were no mention of the date of discovery, or at least an estimation.
	Diagnostic hypothesis	0 if there is at least one hypothesis, else 1
	Total of points that are missing	