

Editorial

An Oral Mucosa Study Group was born: GEMUB

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To an outsider looking in, the organization and practice of “oral dermatology” in France would seem confusing and fragmented. In France, oral surgeon stomatologists, dermatologists, otolaryngologist specialists, dentists (specialized in oral medicine), and maxillofacial surgeons, all collaborate in this branch of oral medicine. In a previous editorial, I discussed the role of the specialty of oral surgery in saving oral medicine [1]. However, although it is natural for oral surgeons to practice oral medicine, there is an increased likelihood that many of them will turn away from it in favor of more technical and lucrative branches of surgery. Moreover, the evolved state of multidisciplinary in France presents a terrific opportunity to study and develop this discipline via a dedicated study group.

Thus, GEMUB was born. This association was created in Tours on March 21st, 2017. It is the first French-speaking association bringing together practitioners of different specialties whose experience and interests lie in the classification and treatment of patients afflicted with oral mucosal pathologies. The main objective of this multidisciplinary association is to create a network of specialists in the field of oral mucosal pathology for the following purposes:

- Discuss complex cases
- Structure continuing medical education
- Establish basic or clinical research projects for the future
- Make recommendations for good clinical practice.

The association is open to any practitioner or student involved in the care of patients with oral mucosal pathologies. It currently has 54 members: 15 oral surgeons, 14 dermatologists, 10 stomatologists and maxillofacial surgeons, 5 histopathologists, and 10 dental surgeons specialized in either dental or general medicine.

The first meeting was held on December 12th, 2017 at the headquarters of the French Dermatological Society. Mario Carozzo, Professor of Oral Medicine, New Castle, UK and President of the European Association of Oral Medicine honored us with his presence and provided information about the European Society, which has very few French members to date. This information can also be found in his editorial published in the *Journal of Oral Medicine and Surgery* [2].

During the second part of the seminar, working groups were formed to provide recommendations for diagnosing oral lichen planus. The three points to be addressed in these

recommendations were the following: the nosological framework of lichen planus and lichenoid reactions, the initial diagnosis, and the follow-up. A consensus conference was the standard methodology chosen. In the second phase, recommendations for the treatment of lichen planus will be made on the basis of collaboration with the Centre of Evidence-Based Dermatology.

Finally, patient leaflet, developed by GEMUB, have been discussed and should soon be made available.

Aside from the annual meeting day, GEMUB functions via a medical mailing list which allows professionals to discuss clinical cases online. This tool has proven that treatment varies depending on the team involved. For example, in the event of a case with mucous membrane pemphigoid resistant to first-line treatments (Dapsone and local corticosteroid therapy), some recommend tacrolimus ointment whereas some others advocate endoxan, TNF inhibitors, or rituximab. These differences underscore the group’s interest in standardizing practices according to evidence-based data and multidisciplinary experiences.

Beyond GEMUB, the point I wanted to stress in this editorial is the phenomenon of multidisciplinary. It existed before GEMUB in the form of several multidisciplinary consultations connecting odontologists, stomatologists, and dermatologists across several French cities such as Tours, Paris, Bordeaux, Toulouse, Montpellier, Marseille, Brest, Reims, Nantes, Lille. Perhaps I have forgotten yours and I apologize for that, but I would especially like to encourage other disciplines to embrace multidisciplinary because openly integrating and sharing with other disciplines leads to progress that will ultimately benefit our patients. On the contrary, withdrawal into one’s own discipline causes institutional sclerosis. Such is the essence of GEMUB to which we should perhaps add an M for Multidisciplinary Oral Mucosal Study Group.

References

1. Fricain JC. Oral surgery will it save oral medicine? *Med Buccale Chir Buccale* 2016;22:161–162.
2. Carozzo M. Oral Medicine in Europe and the European Association of Oral Medicine. *Med Buccale Chir Buccale* 2017;23:121–122.