In times when aesthetics gains visibility through treatments of the face and dental structures, periodontics is essential so that corrections, whether carried out through orthodontics or individual prostheses or reconstructions through veneers, or even dental implants, promote aesthetics and function for a longer time.

On the other hand, there is a growing number of transplanted patients, either kidney or liver, who need treatment and monitoring of oral, dental or mucosal health. The care of such patients requires specific knowledge from the dental surgeon since complications can occur in different areas.

Infectious diseases still affect large numbers of people. With Acquired Immunodeficiency Syndrome it is no different. Several systemic alterations are present however, they present many oral manifestations, with early onset of aphthous ulcerations, herpes simplex to more invasive lesions such as Kaposi’s sarcoma and even bone loss.

Malocclusions still require orthodontic treatment to restore the function of the dental elements and correct phonation problems and even dysphagia. A large number of people do not have access to this type of treatment, given its cost, however it is detectable in the general population, combined with prevention and obtaining oral health care.

Benign intraosseous tumors of odontogenic origin, such as ameloblastoms, ossifying fibromas, or even those commonly diagnosed such as odontomas. Their differentiation, based on radiographic images, culminates in the histopathological report. Treatments must be surgical and, depending on, with a safety margin, as they are subject to recurrence. The keratocyst is classified as a benign tumor however it can be confused with the dentigerous cyst radiographically, since both can be related to impacted teeth. The histopathological examination is the watershed: it closes the final diagnosis once the lesion is removed.