

Glossary - BSP Implementation of the S3 Treatment Guidelines for Periodontitis

Previous / former / historical Term	Description of terminology (current usage of these terms)	New Terminology Group	Step in treatment guidelines	Use in Supportive Periodontal Therapy
Scaling of crown of tooth/restoration	Removal of plaque, staining and supra-gingival calculus from the crown of a tooth/restoration (including the gingival crevice, which is sub-gingival)	Professional mechanical plaque removal (PMPR) <i>i.e. the coronal and marginal areas of the teeth are cleaned by PMPR</i>	Steps 1, 4	YES
Scaling & polishing (Historical) Obsolete Term	Removal of plaque, staining and supra-gingival calculus (including the gingival crevice) from the crown of a tooth/restoration		Steps 1, 4	YES
Polishing (including traditional and air polishing)	Removal of plaque and extrinsic staining from supra-gingival surfaces		Steps 1, 4	YES
Prophylaxis	Removal of plaque and extrinsic staining from supra-gingival surfaces		Steps 1, 4	YES
Scaling of root of tooth	Removal of sub-gingival plaque and calculus from root surfaces	Subgingival instrumentation <i>i.e.: instrumentation of the periodontal pockets $\geq 4\text{mm}$</i>	Steps 2, 3, 4	YES
Sub-gingival scaling	Removal of sub-gingival plaque and calculus from root surfaces		Steps 2, 3, 4	YES
Sub-gingival debridement	Systematic removal of sub-gingival plaque, calculus and endotoxin from root surfaces		Steps 2, 3, 4	YES
Sub-gingival instrumentation	Systematic removal of sub-gingival plaque, calculus and endotoxin from root surfaces		Steps 2, 3, 4	YES
Root surface debridement	Systematic removal of sub-gingival plaque, calculus and endotoxin from root surfaces		Steps 2, 3, 4	YES
Root surface instrumentation	Systematic removal of sub-gingival plaque, calculus and endotoxin from root surfaces		Steps 2, 3, 4	YES
Root planing	Removal of all sub-gingival calculus and necrotic cementum from root surfaces - an outdated term and concept which is not generally achievable in routine clinical practice	N/A	N/A	NO

Curettage	The removal of the lining of a periodontal pocket without surgical flap elevation - an outdated term and concept which is not generally used in routine clinical practice, except when draining a periodontal abscess, as the abscess lies in the pocket wall	Draining a periodontal abscess	Management of an acute periodontal abscess	NO
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Notes

Marginal bleeding on probing and bleeding on pocket probing

Marginal bleeding is a measure of microulceration of the gingival sulcus and thus a measure of gingival inflammation, normally caused by poor plaque control. Bleeding from the pocket base is regarded as a signal of an active pocket.

Marginal bleeding is rapid to assess and involves a swipe of the periodontal probe along the gingival sulcus at a 45-degree angle to place pressure on the sulcular lining, and release blood if the lining is ulcerated. It is used as an objective measure of patient plaque control, as most brush their teeth before a dental visit and therefore plaque scores can be unreliable. Bleeding from the pocket base involves vertical probing and indicates potential active breakdown.

Key Differences:

- **Location:** Marginal bleeding is superficial, elicited by running the probe along the gingival margin at 45-degrees. Bleeding on pocket probing is elicited by inserting the probe vertically to the base of the periodontal pocket.
- **Significance:** Marginal bleeding is a strong indicator of gingival inflammation and a barometer of plaque control efforts in recent weeks. Bleeding on pocket probing indicates that a pocket may be unstable with active periodontitis.
- **Clinical Use:** Marginal bleeding scores are ideal for patient motivation (plaque control assessment). Pocket bleeding is crucial for identifying unstable periodontitis sites.