

Both statements are true

The word **curettage** is used in periodontics to mean the scraping of the gingival wall of a periodontal pocket to separate diseased soft tissue. **Scaling** refers to the removal of deposits from the root surface, whereas **planing** means smoothing the root to remove infected and necrotic tooth substance.

A differentiation has been made between **gingival** and **subgingival** curettage.

- **Gingival curettage:** consists of the removal of the inflamed soft tissue lateral to the pocket wall
- **Subgingival curettage:** refers to the procedure that is performed apical to the epithelial attachment, severing the connective tissue attachment down to the osseous crest.

Indications for curettage are **very limited**. It can be used after scaling and root planing for the following purposes:

1. Curettage can be performed as part of new attachment attempts in moderately deep intrabony pockets located in accessible areas where a type of “closed” surgery is deemed advisable.
2. Curettage can be done as a nondefinitive procedure to reduce inflammation before pocket elimination using other methods or when more aggressive surgical techniques (*e.g., flaps*) are contraindicated.
3. Curettage is also frequently performed on recall visits as a method of maintenance treatment for areas of recurrent inflammation and pocket depth.

Important: Curettage **does not** eliminate the causes of inflammation (*i.e., bacterial plaque and deposits*). Therefore, curettage should always be preceded by scaling and root planing.

Note: Gingival curettage **always** requires some type of local anesthesia

The curette is selected so that the cutting edge will be against the tissue (*e.g., Gracey #13-14 for distal surfaces, Gracey #11-12 for mesial surfaces*). Curettage can also be performed with a 4R-4L Columbia Universal curette.