Deepening of the gingival sulcus may occur by coronal movement of the gingival margin, apical displacement of the gingival attachment, or a combination of the two processes. Pockets can be classified as follows:

- **Gingival pocket (pseudopocket):** this type of pocket is formed by gingival enlargement without destruction of the underlying periodontal tissues. All gingival pockets are suprabony *(the base of the pocket is coronal to the crest of the alveolar bone).* The sulcus is deepened because of the increased bulk of the gingiva.

- **Periodontal pocket:** this type of pocket occurs with destruction of the supporting periodontal tissues. Progressive pocket deepening leads to destruction of the supporting periodontal tissues and loosening and exfoliation of the teeth. Two types of periodontal pockets exist:
  - **Intrabony (infrabony, subcrestal, or intra-alveolar):** in which the bottom of the pocket is apical to the level of the adjacent alveolar bone
  - **Suprabony (supracrestal or supra-alveolar):** in which the bottom of the pocket is coronal to the underlying alveolar bone.

**Clinical signs** that suggest the presence of periodontal pockets include a bluish red, thickened marginal gingiva; a bluish red, vertical zone from the gingival margin to the alveolar mucosa; gingival bleeding and suppuration; tooth mobility, diastema formation; and symptoms such as localized pain or “pain deep in the bone.” The only reliable method of locating periodontal pockets and determining their extent is careful probing of the gingival margin along each tooth surface.