When the weight of evidence demonstrates that an old technique has outlived its usefulness, the profession must be prepared to abandon it. Such is the case with gingival curettage. As originally conceived, gingival curettage or the removal of the pocket lining and junctional epithelium with a curette was intended to promote new connective tissue attachment to the tooth. Yet, subsequent research has shown that this is an unattainable goal. Gingival curettage offers no additional benefit when compared to scaling and root planing alone.

In light of these findings, the advisory board to PEAK has selected the following article, The American Academy of Periodontology Statement Regarding Gingival Curettage, from the Journal of Periodontology.

The statement was developed under the direction of the Research, Science and Therapy Committee and approved by the Board of Trustees of the American Academy of Periodontology. The article reviews the evidence against gingival curettage and considers the various means by which it has been performed, including curettes, chemicals, ultrasonic devices and, more recently, dental lasers.

Key points:
- There is convincing evidence that gingival curettage, by whatever method performed, offers no additional benefit to scaling and root planing alone in the treatment of chronic periodontitis.
- While it provides historic interest in the evolution of periodontal therapy, gingival curettage has no current clinical relevance in the treatment of chronic periodontitis.
- The dental community as a whole regards gingival curettage as a procedure with no clinical value.