

TABLE 1: Understanding clinical attachment level in various diagnoses

Condition	Description	Clinical Attachment Level	Clinical Attachment Loss	Probing Depths in relation to CAL
Healthy/optimal periodontium	In a healthy periodontium, the clinical attachment level (CAL) is considered optimal. The cementoenamel junction (CEJ) serves as the stable reference point, and there is no attachment loss. The epithelial attachment is securely anchored at the CEJ, and probing depths are within normal limits, typically measuring between 1 mm and 3 mm. There is no clinical evidence of inflammation or periodontal disease.	Optimal clinical attachment level	No present clinical attachment loss	Probing depth represents the depth of the healthy sulcus
Gingivitis	In the presence of gingivitis, there is no clinical attachment loss, and the clinical attachment level remains optimal, just as in a healthy periodontium. However, the gingival margin may appear enlarged or inflamed due to the accumulation of plaque and subsequent tissue irritation. This can result in pseudopocketing, where the pocket depth increases due to swollen, enlarged gingival tissue, but the epithelial attachment remains at the CEJ, indicating no true attachment loss.	Optimal clinical attachment level	No present clinical attachment loss	Probing depth represents the depth of the sulcus and might also include enlargement beyond the optimal 1-3 mm sulcus so as to indicate pseudopocketing
Active periodontitis [in which the gingival margin is at the CEJ]	In periodontitis, apical migration of the junctional epithelium has occurred. If the gingival margin remains at the CEJ, however, the clinical attachment level will be measured from the CEJ to the bottom of the pocket. Since there has been apical migration of the junctional epithelium to the same degree as the periodontal probing score, the amount of clinical attachment loss is equal to the periodontal probing depth.	Suboptimal clinical attachment level in which the clinical attachment loss, in this state, is considered to be active	The present clinical attachment loss is best calculated by utilizing the periodontal pocket probing depth score.	Probing depth represents the depth from the gingival margin [which remains at the CEJ, the fixed point] to the base of the epithelial attachment and thus represents the amount of clinical attachment loss.
Active periodontitis [in which the gingival margin presents as recession]	In cases of active periodontitis in the presence of gingival recession, the amount of clinical attachment loss is measured from the CEJ to the bottom of the pocket. This is a case in which there is apical migration of the junctional epithelium in the presence of both active periodontal probing pockets and subsequent root exposure noted via gingival recession. Therefore, the amount of clinical attachment loss comprises both the pocket probing depth and the amount of gingival recession combined.	Suboptimal clinical attachment level in which the clinical attachment loss, in this state, is considered to be active	The present clinical attachment loss is best calculated by adding the amount of recession [distance from the CEJ to the gingival margin] and the periodontal pocket probing depth score.	
Recession with stable probing depths [stable on a reduced periodontium]	A patient who presents with recession but stable probing depths may be diagnosed as stable on a reduced periodontium. In this scenario, the patient has gingival recession, but probing depths remain stable or within normal limits, meaning there is no further attachment loss occurring at the current moment. Despite the recession, there is no currently active disease progression, and the clinical attachment level is considered to be suboptimal but stable. The patient's periodontium is reduced, but not currently progressing toward active periodontitis. This situation indicates that the patient has maintained periodontal stability.	Suboptimal but currently stable clinical attachment level	The present clinical attachment loss is best calculated by adding the amount of recession [distance from the CEJ to the gingival margin] and the periodontal probing depth score.	