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## Dentistry — Vocabulary

*Médecine bucco-dentaire — Vocabulaire*

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## Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see [www.iso.org/directives](http://www.iso.org/directives)).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see [www.iso.org/patents](http://www.iso.org/patents)).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see [www.iso.org/iso/foreword.html](http://www.iso.org/iso/foreword.html).

This document was prepared by Technical Committee ISO/TC 106, *Dentistry*, Subcommittee SC 3, *Terminology*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 55, *Dentistry*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This third edition cancels and replaces the second edition (ISO 1942:2009), which has been technically revised.

The main change compared to the previous edition is as follows: a systematic arrangement of terminology necessary for the development of standards related to dentistry according to ISO directives has been integrated.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at [www.iso.org/members.html](http://www.iso.org/members.html).

## Introduction

This document is cited in Clause 2 of most of the ISO documents in the field of dentistry. Its content, therefore, is fundamental for the proper understanding of those documents. It is also important to understand the terms and definitions in this document when a new standard is developed, or existing standards are revised in ISO/TC 106.

The content and format of this document have been developed in accordance to References [1] to [5].

Also, terminological entries have been arranged and grouped reflecting the structure and scope/responsibilities of each subcommittee in TC 106. The sub-categorization of terminological entries essentially follows the scope of each working group within the subcommittee, except for general concepts that include anatomical, branches of dentistry, clinical and occupational. [Annex A](#) describes inclusion and exclusion criteria as well as other information helpful to understand the structure and content of this document.

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# Dentistry — Vocabulary

## 1 Scope

This document defines terms used in dental product standards.

This document aims to facilitate the standard development process and the comprehension of standards, and to improve communication with the FDI World Dental Federation, the World Health Organization and other organizations interested in standardization.

## 2 Normative references

There are no normative references in this document.

## 3 Terms and definitions

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

### 3.1 Dental terminology and general terms

#### 3.1.1 Anatomical concepts

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##### 3.1.1.1

##### **dental organ**

tissue complex comprising the tooth and its supporting structures

##### 3.1.1.2

##### **anterior teeth**

mandibular and maxillary centrals, laterals and canines

##### 3.1.1.3

##### **posterior teeth**

mandibular and maxillary molars and premolars

##### 3.1.1.4

##### **clinical crown**

part of a tooth not covered by soft or supporting hard tissue

##### 3.1.1.5

##### **anatomical crown**

##### **crown**

<natural tooth> portion of a tooth normally covered by, and including, the *enamel* (3.1.1.14)

##### 3.1.1.6

##### **visible crown**

part of the *anatomical crown* (3.1.1.5) which is accessible to visual examination without manipulation of the surrounding gingival tissues

**3.1.1.7**

**macrodontia**

genetic condition resulting in the formation of abnormally large teeth

**3.1.1.8**

**mesial**

<tooth> surface nearest the midline along the dental arch

**3.1.1.9**

**distal**

<tooth> surface furthest from the midline along the dental arch

**3.1.1.10**

**proximal**

<tooth> *mesial* (3.1.1.8) or *distal* (3.1.1.9) surface of a tooth

**3.1.1.11**

**predentine**

immature fibrillar *matrix* (3.3.1.35) produced by odontoblasts

**3.1.1.12**

**primary dentine**

*dentine* (3.1.1.16) formed during tooth development prior to completion of root formation

**3.1.1.13**

**odontogenesis imperfecta**

generalized genetic disturbance in the formation of *enamel* (3.1.1.14) and *dentine* (3.1.1.16)

**3.1.1.14**

**enamel**

highly mineralized outermost layer of the normally exposed tooth consisting primarily of hydroxyapatite in orderly crystal structures

**3.1.1.15**

**cementum**

calcified outermost layer covering the dentin in the root of a tooth and which attaches to surrounding tissue

**3.1.1.16**

**dentine, GB**

**dentin, US**

mineralized hard tissue that forms the bulk of the tooth and develops from the dental papilla and dental *pulp* (3.1.1.25)

**3.1.1.17**

**mantle dentine**

most peripheral part of the *dentine* (3.1.1.16) adjacent to the *enamel* (3.1.1.14), characterized by coarsely bundled fibres running parallel to the branching ends of the tubules

**3.1.1.18**

**circumpulpal dentine**

inner part of the *dentine* (3.1.1.16) adjacent to the *pulp* (3.1.1.25), characterized by the inclusion of fine collagen fibres running approximately at right-angles to the tubules

**3.1.1.19**

**peritubular dentine**

orthodentine that constitutes the highly-mineralized *matrix* (3.3.1.35) immediately around the dentinal tubules



**3.1.1.20****intratubular dentine**

mineralized *matrix* ([3.3.1.35](#)) that is found in the tubules of orthodentine

**3.1.1.21****secondary dentine**

*dentine* ([3.1.1.16](#)) that is formed after complete formation of a tooth as a result of normal or slightly abnormal stimuli

**3.1.1.22****tertiary dentine**

irregular *dentine* ([3.1.1.16](#)) deposited at sites of the pulpal aspects of *primary dentine* ([3.1.1.12](#)) or *secondary dentine* ([3.1.1.21](#)), corresponding to areas of external irritation

**3.1.1.23****endodontium****pulpo-dental organ**

part of the *dental organ* ([3.1.1.1](#)) that pertains to the tissues of the dental *pulp* ([3.1.1.25](#)) and the *dentine* ([3.1.1.16](#))

**3.1.1.24****odontium**

part of the tooth consisting of *enamel* ([3.1.1.14](#)), *dentine* ([3.1.1.16](#)) and *pulp* ([3.1.1.25](#)) but not *cementum* ([3.1.1.15](#))

**3.1.1.25****pulp**

<tooth> soft tissue complex of mesenchymal origin which occupies the pulp chamber and the root canal(s) of a tooth and which provides for dentinogenic, nutritive, neurosensory and defensive functions

**3.1.1.26****apical**

pertaining to, or in the direction towards, the root tip (apex)

**3.1.1.27****periodontium**

tissue complex comprising the gingivae, *cementum* ([3.1.1.15](#)), *periodontal ligament* ([3.1.1.28](#)) and alveolar bone, and which attaches, nourishes and supports the tooth

**3.1.1.28****periodontal ligament**

alveolodental ligament

bundles of collagen fibres that suspend the tooth in the alveolus by connecting the *cementum* ([3.1.1.15](#)) of the root to the alveolar bone

**3.1.1.29****desmodontium**

tissue, including *periodontal ligament* ([3.1.1.28](#)), that normally occupies the space between *cementum* ([3.1.1.15](#)) and alveolar bone

**3.1.1.30****desmodontal**

pertaining to the *desmodontium* ([3.1.1.29](#))

**3.1.1.31****periodontitis**

inflammation of the *periodontium* ([3.1.1.27](#))

**3.1.1.32****periodontopathy**

disease affecting the *periodontium* ([3.1.1.27](#))

**3.1.1.33**

**periodontolysis**

process leading to advanced destruction of the *periodontium* (3.1.1.27)

**3.1.1.34**

**osteogenesis**

formation of bone or development of bones

**3.1.1.35**

**odontogenic cyst**

primordial cyst

cyst, originated from epithelial cells, usually containing fluid or semi-solid material, and which develops during various stages of odontogenesis

**3.1.1.36**

**emergence profile**

contour of a tooth or *restoration* (3.1.4.13), such as a *crown* (3.1.1.5) on a natural tooth or a *dental implant body* (3.7.2.4), as it relates to the emergence through the soft tissues and bone

**3.1.1.37**

**masticatory system**

organs and structures primarily functioning in mastication

**3.1.2 Branches of dentistry**

**3.1.2.1**

**oral health**

DEPRECATED: dental public health

branch of public general health that addresses matters pertaining to the health of the oral *cavity* (3.1.3.26) and adjacent tissues of the cranio-facial complex

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**3.1.2.2**

**dentistry**

science of preventing, diagnosing and treating diseases and malfunctions of, and injuries to, the teeth, mouth and jaws, and of replacing lost teeth and associated tissues and promoting *oral health* (3.1.2.1)

**3.1.2.3**

**dental education**

education that contribute to the development of the knowledge and skills required for the practice of *dentistry* (3.1.2.2)

Note 1 to entry: The designation of “dentistry” can vary according to the legal usage of the term in the country concerned.

**3.1.2.4**

**oral health programme**

activity planned to improve the *oral health* (3.1.2.1) of the community

**3.1.2.5**

**oral status and intervention index**

**OSI index**

index that classifies the oral status and the relating interventions needed, on a ten-point scale from 0 (good health, no need for treatment) to 9 (complicated, invasive and costly care needed)

**3.1.2.6**

**preventive dentistry**

part of *dentistry* (3.1.2.2) concerned with promoting *oral health* (3.1.2.1) and function by preventing or reducing the onset and/or development of oral diseases or deformities and the occurrence of orofacial injuries

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**3.1.2.7****community dentistry**  
**public health dentistry**

part of *dentistry* (3.1.2.2) concerned with *oral health* (3.1.2.1) in relation to the general health of the community

**3.1.2.8****cariology**

part of *dentistry* (3.1.2.2) concerned with aetiology, pathology and prevention of *dental caries* (3.1.3.15)

**3.1.2.9****pediatric dentistry, US**

DEPRECATED: paedodontic dentistry, GB

DEPRECATED: paedodontics, GB

DEPRECATED: pedodontics, US

branch of *dentistry* (3.1.2.2) concerned with children including the diagnosis, treatment, prevention of oral anomalies, other conditions and injuries

**3.1.2.10****orthodontics**

part of *dentistry* (3.1.2.2) concerned with the study of craniofacial growth and development, and the treatment or prevention of malocclusions and other dentofacial anomalies

**3.1.2.11****operative dentistry**

part of *dentistry* (3.1.2.2) that focus on the *restoration* (3.1.4.13) of hard tissues of teeth to normal function and aesthetics that could have been compromised by disease, trauma or acquired or non-acquired anomalies

**3.1.2.12****endodontics**

part of *dentistry* (3.1.2.2) concerned with the diagnosis and treatment of the diseases of the *pulp* (3.1.1.25) and contiguous periapical tissues

**3.1.2.13****periodontics**

periodontology

DEPRECATED: periodontia

part of *dentistry* (3.1.2.2) concerned with the study, prevention, and treatment of diseases affecting the *periodontium* (3.1.1.27)

**3.1.2.14****prosthodontics**

part of *dentistry* (3.1.2.2) that is concerned with the functional and aesthetic rehabilitation of the masticatory system by artificial replacement of missing teeth and associated tissues

**3.1.2.15****forensic dentistry**

forensic odontology, US

part of *dentistry* (3.1.2.2) which deals with the examination, interpretation and presentation of dental and oral evidence for legal purposes

**3.1.3 Clinical concepts****3.1.3.1****intraoral radiography**

radiography whereby the image receptor is positioned intraorally

**3.1.3.2**

**impacted tooth**

tooth in a state of partial or total impeded eruption

**3.1.3.3**

**mastication**

process of chewing food in preparation for swallowing and digestion

**3.1.3.4**

**occlusion**

static and dynamic relationship between the contacting surfaces of the mandibular and maxillary teeth or tooth analogues

**3.1.3.5**

**mottling**

uneven patches in the *enamel* (3.1.1.14) or the *dentine* (3.1.1.16) associated with the clinical crown appearing on natural teeth; or similar patches intentionally placed on surfaces of artificial teeth

**3.1.3.6**

**tooth erosion**

dental erosion

progressive loss of calcified dental tissue by chemical processes that do not involve bacterial action

**3.1.3.7**

**dentine conditioning**

modification of the *dentine* (3.1.1.16) surface by means of chemical substances or other treatment

**3.1.3.8**

**indirect pulp capping**

dressing for conserving the vitality of the *pulp* (3.1.1.25) of a tooth infected with a penetrating carious lesion, the complete excision of which could result in exposure of the *pulp* (3.1.1.25)

**3.1.3.9**

**direct pulp capping**

dressing of an exposed *pulp* (3.1.1.25) with the aim of maintaining pulpal vitality

**3.1.3.10**

**pulpotomy**

DEPRECATED: pulp amputation

surgical removal of a portion of the *pulp* (3.1.1.25) with the aim of maintaining the vitality of the remaining portion by means of adequate dressing

**3.1.3.11**

**pulpectomy**

vital pulp extirpation

complete surgical removal of the vital *pulp* (3.1.1.25)

**3.1.3.12**

**anchorage**

configuration or preparation suitable for the retention or support of a *dental prosthesis* (3.3.1.19) or *orthodontic appliance* (3.2.6.2)

**3.1.3.13**

**Ante's law**

<fixed or removable partial prosthodontics> principle that states that the combined pericemental area of all abutment teeth supporting a partial *denture* (3.3.1.19) should be equal to or greater in the pericemental area than the tooth or teeth to be replaced

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**3.1.3.14****Ante's law**

<dental implantology> principle that states that the bone contacting the surface of the teeth being replaced should approximate half of the periodontal ligament surface area of the teeth being replaced

**3.1.3.15****dental caries**

biofilm-mediated, sugar-driven, multifactorial, dynamic disease that occurs when the net balance of the phasic *demineralization* (3.1.3.27) and *remineralization* (3.1.3.28) of dental hard tissues favours demineralization

**3.1.3.16****caries process**

dynamic sequence of biofilm-tooth interactions which can occur over time on and within a tooth surface leading to *dental caries* (3.1.3.15)

**3.1.3.17****caries lesion**

change in the tooth structure that results from the *caries process* (3.1.3.16)

**3.1.3.18****caries lesion detection****carious lesion detection**

examination by visual or any other relevant means of the tooth structure to detect *caries lesions* (3.1.3.17)

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**3.1.3.19****caries lesion assessment****carious lesion assessment**

evaluation of the characteristics of a *caries lesion* (3.1.3.17)

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**3.1.3.20****caries diagnosis**

human professional summation of all the signs and symptoms of disease to arrive at an identification of the past or present occurrence of the disease caries

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**3.1.3.21****caries lesion severity**

stage of lesion progression along the spectrum of net mineral loss, from the initial loss at a molecular level to total tissue destruction

**3.1.3.22****white-spot lesion**

*caries lesion severity* (3.1.3.21) where the net subsurface mineral loss has produced changes in the optical properties of enamel such that these are visibly detectable as a loss of translucency, resulting in a white appearance of the enamel surface

**3.1.3.23****brown-spot lesion**

*caries lesion severity* (3.1.3.21) where the net subsurface mineral loss in conjunction with the acquisition of intrinsic or exogenous pigments has produced changes in the optical properties of enamel such that these are visibly detectable as a loss of translucency and a brown discolouration, resulting in a brown appearance of the enamel surface

**3.1.3.24****non-cavitated lesion**

*caries lesion* (3.1.3.17) whose surface appears macroscopically to be intact