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there is a significant difference in the prevalence of double canal in the apical third between genders. weines et al. [50] have reported that 0.8% of female patients and 3.9% of male patients had two canals in the apical third of the root. compared to male patients, the prevalence of double canals in the apical third was higher in female patients. it is not clear whether this difference is due to a true biological difference or due to the fact that in the female patients, the number of root canals was more often diagnosed as a missed or confused diagnosis, resulting in a higher prevalence of double canals in the apical third [50]. the presence of isthmus in the apical third was significantly related to the weines type ii mesial root canal. it is possible that the presence of isthmus in the apical third is more likely to be identified in mfm with two root canals in the apical third. in the present study, a history of previous endodontic treatment was found to be associated with the presence of isthmus in the apical third. the findings of the present study are consistent with the results of previous reports. it has been reported that the prevalence of isthmus in the apical third is higher in teeth with a history of previous endodontic treatment compared to teeth that have never been treated [52]. the recent introduction of cbct has become a vital clinical tool for endodontic diagnoses, treatments, and post-treatment evaluations [46]. when nonsurgical rct is indicated for a root canal treatment in the mesial root of the mfm, the establishment of clinical indicators that can be used to predict the presence of an isthmus is a great challenge to clinicians. at present, no study has proposed clinical indicators to predict the presence an isthmus in the apical third of mfms.

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the success of root canal therapy in mfm is directly related to the quality of canal preparation. therefore, the identification of canals and the presence of isthmi, if any, must be determined before proceeding with root canal preparation. in this study, the prevalence of isthmi in the apical third of the mesial roots of mfm was 64.6%, which is higher than the results of other studies (36.4-55.8%) [23, 24]. this may be due to the absence of occlusal separation and the lack of access cavity preparation in most of the mfm teeth in the present study. in addition, the increased awareness of mesial root anatomy among the dental community may increase the prevalence of isthmi in the mesial roots of mfm in the future. according to the results of this study, no significant difference in the prevalence of isthmi in the apical third was found between the mesial roots of molars and premolars. despite the similar prevalence of isthmi in the apical third of mesial roots in mfm, it is worth mentioning that if present in the apical third of the mesial root, the mesial isthmus can cause canal obstruction in molars, whereas in premolars, this can lead to the formation of a composite root, which may compromise the longevity of the tooth [25, 26]. the presence of an isthmus in the apical third of the mesial root of mfm may cause failure of root canal therapy and periodontal ligament replacement resorption. the findings of this study showed that the mbml weines configuration was a predictor for the presence of isthmi in the apical third of mesial roots of mfm. this is in agreement with the results of other studies [5, 6, 7, 23, 24]. the results of this study showed that a cervical isthmus was the most prevalent type of isthmus in the apical third of mesial roots of mfm, which is in agreement with the results of other studies [5, 6, 7, 23, 24]. for this reason, the clinician should be aware of the significance of isthmi in mfm and pay attention to the region of the isthmus when planning and performing the root canal treatment of mfm. 5ec8ef588b

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