

## REVIEWER'S REPORT

Manuscript No.: IJAR-53148

Date: 06-08-2025

**Title: Mandibular molar with radix entomolaris and middle mesial canal: A rare clinical encounter**

### Recommendation:

Accept as it is .....  
 Accept after minor revision.....✓.....  
 Accept after major revision .....  
 Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance		✓		

Reviewer Name: Shashi Prakash

Date: 06-08-2025

### Reviewer's Comment for Publication.

*(To be published with the manuscript in the journal)*

*The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.*

This paper describes a rare and clinically relevant association of radix entomolaris and a middle mesial canal in a mandibular first molar, illustrating the value of thorough exploration and sophisticated diagnostic tools in endodontic treatment. The case is clearly documented and emphasizes key clinical decision-making moments. Some refinement in structure, follow-up, and pedagogical presentation will further enhance its value to the literature.

### Detailed Reviewer's Report

1. The title is informative and indicates the uniqueness and clinical importance of the case. Adding the particular tooth (e.g., "mandibular first molar") for clarity and indexing purposes is advisable.
2. The abstract gives a brief summary of the case, but it would be enhanced by incorporating short clinical outcomes and precise diagnostic instruments utilized. It is recommended to explicitly declare the purpose

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of the report and finish with a conclusion remark depicting the significance of the case in developing clinical practice or expertise.

3. The introduction is well-set with the prominence given to anatomical variations in endodontics. It can be enhanced by incorporating newer prevalence figures and pointing out the clinical challenge presented by MMC and RE collectively. A better establishment of the literature gap and the reason for reporting this case would improve the context.
4. The case report is thorough and systematic, demonstrating clinical steps in detail. To enhance, try including pictures of CBCT or delineate the decision-making process more clearly regarding why CBCT was not utilized. Clinical follow-up time should be longer than 1 week to assess the long-term success of the treatment. A tabulated overview of instrumentation and irrigation protocols can enhance readability.
5. The discussion reflects a strong grasp of root canal morphology and classification systems. It would be improved, though, by further comparison to other cases described with both RE and MMC involvement. References to case limitations (e.g., brief follow-up time, use of conventional radiography) and how this case contributes to the literature would add more academic quality.
6. The conclusion is suitable in highlighting the need to acknowledge anatomic variations. It might be improved with a clearer articulation of clinical learning points and a recommendation on best practices for clinicians in similar situations.