Thrice Monthly Volume 10 Number 9 March 26, 2022

**REVIEW**

2660 Role of metabolites derived from gut microbiota in inflammatory bowel disease
Zheng L, Wen XL, Duan SL

**MINIREVIEWS**

2678 Roles of Wnt/β-catenin signaling pathway related microRNAs in esophageal cancer
Chu CY, Wang R, Liu XL

2687 Animal models applied to acute-on-chronic liver failure: Are new models required to understand the human condition?
Gama JFG, Cardoso LMDF, Lagrota-Candido JM, Alves LA

**ORIGINAL ARTICLE**

**Case Control Study**

2700 Associations between coagulation factor XII, coagulation factor XI, and stability of venous thromboembolism: A case-control study
Meng Y, Li Y, Ye YJ, Ma Q, Zhang JB, Qin H, Deng YY, Tian HY

**Retrospective Cohort Study**

2710 Nomogram to predict the risk of endoscopic removal failure with forceps/baskets for treating submandibular stones
Huang Y, Liang PS, Yang YC, Cai WX, Tao Q

2721 Association between anesthesia technique and complications after hip surgery in the elderly population
Guo LS, Wang LN, Xiao JB, Zhong M, Zhao GF

**Retrospective Study**

2733 Perforating and nonperforating indications in repeated surgeries for Crohn’s disease
Shen WS, Huang XH, Liu RQ, Li CY, Li Y, Zhu WM

2743 Treatment of Pneumocystis jirovecii pneumonia in non-human immunodeficiency virus-infected patients using a combination of trimethoprim-sulfamethoxazole and caspofungin
Wu HH, Fang SY, Chen YX, Feng LF

2751 Acute kidney injury in traumatic brain injury intensive care unit patients

2764 Enucleation combined with guided bone regeneration in small and medium-sized odontogenic jaw cysts
Cao YT, Gu QH, Wang YW, Jiang Q
## Clinical Trials Study

**2773**
Determination of the ED$_{95}$ of intranasal sufentanil combined with intranasal dexmedetomidine for moderate sedation during endoscopic ultrasonography  
*Zou Y, Li N, Shao LJZ, Liu FK, Xue FS, Tao X*

## Observational Study

**2783**
Overexpression of Ubiquilin4 is associated with poor prognosis in patients with cervical cancer  
*Wang LN, Huang KJ, Wang L, Cheng HY*

## Randomized Clinical Trial

**2792**
Peplau’s interpersonal relationship theory combined with bladder function training on patients with prostate cancer  
*Yang XH, Wu LF, Yan XY, Zhou Y, Liu X*

## SYSTEMATIC REVIEWS

**2801**
Efficacy of bone grafts in jaw cystic lesions: A systematic review  
*Wang J, Yao QY, Zhu HY*

## CASE REPORT

**2811**
Short stature associated with a novel mutation in the aggrecan gene: A case report and literature review  
*Yin LP, Zheng HX, Zhu H*

**2818**
Treatment with sorafenib plus camrelizumab after splenectomy for primary splenic angiosarcoma with liver metastasis: A case report and literature review  
*Pan D, Li TP, Xiong JH, Wang SB, Chen YX, Li JF, Xiao Q*

**2829**
Sarcomatoid intrahepatic cholangiocarcinoma with good patient prognosis after treatment with Huaier granules following hepatectomy: A case report  
*Feng JY, Li XP, Wu ZY, Ying LP, Xin C, Dai ZZ, Shen Y, Wu YF*

**2836**
Sequential occurrence of T790M mutation and small cell lung cancer transformation in EGFR-positive lung adenocarcinoma: A case report  
*Hong E, Chen XE, Mao J, Zhou JJ, Chen L, Xu JY, Tao W*

**2844**
Early diagnosis of Gitelman syndrome in a young child: A case report  
*Wu CY, Tsai MH, Chen CC, Kao CH*

**2851**
Congenital intestinal malrotation with gastric wall defects causing extensive gut necrosis and short gut syndrome: A case report  
*Wang Y, Gu Y, Ma D, Guo WX, Zhang YF*

**2858**
Delusional parasitosis as premotor symptom of Parkinson’s disease: A case report  
*Oh M, Kim JW, Lee SM*
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>2864</td>
<td>Laninamivir-induced ischemic enterocolitis: A case report</td>
<td>Suzuki C, Kenzaka T</td>
</tr>
<tr>
<td>2871</td>
<td>Intramural pregnancy after in vitro fertilization and embryo transfer: A case report</td>
<td>Xie QJ, Li X, Ni DY, Ji H, Zhao C, Ling XF</td>
</tr>
<tr>
<td>2883</td>
<td>Lumbar disc sequestration mimicking a tumor: Report of four cases and a literature review</td>
<td>Li ST, Zhang T, Shi XW, Liu H, Yang CW, Zhen P, Li SK</td>
</tr>
<tr>
<td>2895</td>
<td>Parasitic leiomyoma in the trocar site after laparoscopic myomectomy: A case report</td>
<td>Roh CK, Kwon HJ, Jung MJ</td>
</tr>
<tr>
<td>2901</td>
<td>Giant nontraumatic myositis ossificans in a child: A case report</td>
<td>Xia AN, Wang JS</td>
</tr>
<tr>
<td>2908</td>
<td>Paradoxical carbon dioxide embolism during laparoscopic heptatectomy without intracardiac shunt: A case report</td>
<td>Jeon S, Hong JM, Lee HJ, Kim Y, Kang H, Hwang BY, Lee D, Jung YH</td>
</tr>
<tr>
<td>2923</td>
<td>Acute coronary artery stent thrombosis caused by a spasm: A case report</td>
<td>Meng LP, Wang P, Peng F</td>
</tr>
<tr>
<td>2931</td>
<td>Turner syndrome with primary myelofibrosis, cirrhosis and ovarian cystic mass: A case report</td>
<td>Xu LW, Su YZ, Tao HF</td>
</tr>
<tr>
<td>2948</td>
<td>Ipsilateral hemifacial microsomia with dextrocardia and pulmonary hypoplasia: A case report</td>
<td>Guo R, Chang SH, Wang BQ, Zhang QG</td>
</tr>
<tr>
<td>2954</td>
<td>Upper gastrointestinal bleeding from a Mallory-Weiss tear associated with transesophageal echocardiography during successful cardiopulmonary resuscitation: A case report</td>
<td>Tang MM, Fang DF, Liu B</td>
</tr>
<tr>
<td>2961</td>
<td>Malignant struma ovarii with papillary carcinoma combined with retroperitoneal lymph node metastasis: A case report</td>
<td>Xiao W, Zhou JR, Chen D</td>
</tr>
<tr>
<td>Page</td>
<td>Title</td>
<td>Authors</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>2969</td>
<td>Occult colon cancer with sepsis as the primary manifestation identified by bone marrow puncture: A case report</td>
<td>Wang HJ, Zhou CJ</td>
</tr>
</tbody>
</table>
ABOUT COVER
Editorial Board Member of World Journal of Clinical Cases, Arunchai Chang, MD, Assistant Professor, Lecturer, Staff Physician, Division of Gastroenterology, Department of Internal Medicine, Hatayi Hospital, Hatayi 90110, Songkhla, Thailand. busmdcu58@gmail.com

AIMS AND SCOPE
The primary aim of World Journal of Clinical Cases (WJCC, World J Clin Cases) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING
The WJCC is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for WJCC as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The WJCC's CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE
Production Editor: Ying-Yi Yuan; Production Department Director: Xiang Li; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL
World Journal of Clinical Cases

ISSN
ISSN 2307-8960 (online)

LAUNCH DATE
April 16, 2013

FREQUENCY
Thrice Monthly

EDITORS-IN-CHIEF
Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Jia Hyeon Ku

EDITORIAL BOARD MEMBERS
https://www.wjgnet.com/2307-8960/editorialboard.htm

PUBLICATION DATE
March 26, 2022

COPYRIGHT
© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS
https://www.wjgnet.com/bpg/gerinfo/204

GUIDELINES FOR ETHICS DOCUMENTS
https://www.wjgnet.com/bpg/gerinfo/287

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH
https://www.wjgnet.com/bpg/gerinfo/240

PUBLICATION ETHICS
https://www.wjgnet.com/bpg/gerinfo/288

PUBLICATION MISCONDUCT
https://www.wjgnet.com/bpg/gerinfo/208

ARTICLE PROCESSING CHARGE
https://www.wjgnet.com/bpg/gerinfo/242

STEPS FOR SUBMITTING MANUSCRIPTS
https://www.wjgnet.com/bpg/gerinfo/239

ONLINE SUBMISSION
https://www.f6publishing.com

© 2022 Baishideng Publishing Group Inc. All rights reserved. 7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
E-mail: bpgoffice@wjgnet.com https://www.wjgnet.com
Ipsilateral hemifacial microsomia with dextrocardia and pulmonary hypoplasia: A case report

Rui Guo, Shi-Hi Chang, Bing-Qing Wang, Qing-Guo Zhang

Specialty type: Otorhinolaryngology

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification
Grade A (Excellent): 0
Grade B (Very good): B, B
Grade C (Good): C
Grade D (Fair): D
Grade E (Poor): 0

P-Reviewer: Abubakar MS, Cristaldi PMF, Di Meglio L

Received: October 11, 2021
Peer-review started: October 11, 2021
First decision: December 10, 2021
Revised: January 4, 2022
Accepted: February 20, 2022
Article in press: February 20, 2022
Published online: March 26, 2022

Abstract

BACKGROUND
Hemifacial microsomia (HFM) is a rare congenital malformation characterized by a combination of various anomalies, including the face, ears, eyes, and vertebrae. Prenatal diagnosis for HFM is possible, and quite accurate ultrasound can detect obvious defects. The etiology is still unknown, although some hypotheses have been proposed, including gene mutation, chromosome anomaly, and environmental risk factors. However, there are few reports of pulmonary hypoplasia and dextrocardia in HFM.

CASE SUMMARY
A 2-year-old boy presented to the ear reconstruction department of our hospital complaining of deviation of the face to the right side and auricular anomaly. Physical examination revealed facial asymmetry, preauricular skin tags, and concha-type microtia with stricture of the external auditory canal on the right side. Head magnetic resonance imaging showed bilateral semicircular canal dysplasia and bilateral internal auditory canals stenosis. Audiometric examination showed bilateral severe sensorineural hearing loss. Chest radiography and computed tomography showed dextrocardia and right pulmonary hypoplasia.

CONCLUSION
This case presented a rare finding and an unusual association of 3 malformations, ipsilateral HFM, pulmonary agenesis, and dextrocardia.

Key Words: Hemifacial microsomia; Oculoauriculovertebral spectrum; Dextrocardia; Pulmonary hypoplasia; Congenital anomaly; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.
Core Tip: Hemifacial microsomia (HFM) is a rare congenital malformation characterized by a combination of various anomalies including face, ears, eyes, and vertebrae. We present a rare case of ipsilateral HFM with dextrocardia and pulmonary hypoplasia. Those malformations may compose a laterality syndrome or just an extension of an expanded spectrum of HFM.

Citation: Guo R, Chang SH, Wang BQ, Zhang QG. Ipsilateral hemifacial microsomia with dextrocardia and pulmonary hypoplasia: A case report. World J Clin Cases 2022; 10(9): 2948-2953
DOI: https://dx.doi.org/10.12998/wjcc.v10.i9.2948

INTRODUCTION
Hemifacial microsomia (HFM) is a rare multi-system congenital malformation caused by hypoplasia of the first and second branchial arches\[1\]. The incidence reported ranges from 1/3500 to 1/5600 live births \[2\]. It is characterized by dysplasia of the mandible and auricle, resulting in facial asymmetry \[3\]. Other terms used for the description are craniofacial microsomia, oculoauriculovertebral spectrum, and goldenhar syndrome\[1\]. The anomalies associated with HFM include craniofacial and extracranial manifestations, such as microtia, facial asymmetry, cardiac malformations. No specific genes are associated with this syndrome, although chromosomal anomalies have been observed, such as del (22q), dup (22q) and trisomy 22\[1\]. Previous studies have also found that environmental factors are relevant, such as the use of retinoic acid during pregnancy, gestational diabetes mellitus, and multiple gestations \[2\]. In developmental biology, the branchial arches related to auricular development are evident in the 5th week of pregnancy, the respiratory system develops from the foregut at 4-7 wk of pregnancy, and the heart is the earliest organ formed during embryonic development\[4,5\]. Previous studies have proved that partial heart and auricle derived from neural crest cells (NCCs) and disturbance with their growth and migration can lead to microtia and cardiac anomalies\[6\]. Co-occurrence of malformations of the lungs, heart and auricle indicates a disturbance at the same stage of embryonic development.

Here, we describe a case of ipsilateral HFM with dextrocardia and pulmonary hypoplasia, and also conducted a literature review to have a comprehensive understanding of this syndrome. Pulmonary hypoplasia with dextrocardia in HFM has not been reported before in China. The present case adds to the variable clinical presentation of HFM and suggests a new association.

CASE PRESENTATION
Chief complaints
A 2-year-old Chinese boy, born to nonconsanguineous parents, presented to plastic surgery hospital with complaints of face deviation to the right side and abnormal appearance of the right ear.

History of present illness
After birth, an abnormal appearance of the right ear and facial asymmetry was found in this child. The facial deviation gradually aggravated over time.

Personal and family history
Because the patients lived in a rural area and lacked medical knowledge, they did not have a regular prenatal examination, such as ultrasound. The patient’s birth history was uneventful, and there was no family history of congenital malformations or mental retardation. Developmental milestones were normal. The child also had a bilateral hearing impairment and speech retardation.

Physical examination
Physical examination revealed facial asymmetry (face and mouth deviated to the right side), preauricular skin tags, and concha-type microtia with stricture of the external auditory canal on the right side (Figure 1). During chest auscultation, no breath sounds could be heard on the right hemithorax, but normal heart sounds could be heard. The other examinations were unremarkable.

Imaging examinations
Head magnetic resonance imaging showed bilateral semicircular canal dysplasia and bilateral internal auditory canals stenosis. Chest radiography showed dextrocardia and single left lung (Figure 2), and chest computed tomography confirmed that the thoracic aorta was located on the right front side of the thoracic vertebrae, right pulmonary hypoplasia, and the left pulmonary artery arose directly from the
Figure 1 Physical examination revealed facial asymmetry. A: Right-sided concha-type microtia with preauricular skin tags and facial asymmetry; B: The contour of the left-sided auricle is basically normal.

Figure 2 X-ray chest showing a homogenous opacity occupying most of the right hemithorax.

right ventricle (Figure 3). Echocardiography also showed situs solitus, dextrocardia, ectopic origin of the left pulmonary artery, and moderate regurgitation of mitral, tricuspid, and aortic valves. Audiometric examination showed bilateral severe sensorineural hearing loss.

FINAL DIAGNOSIS

Ipsilateral HFM with dextrocardia and pulmonary hypoplasia.

TREATMENT

The patient was too young to receive surgical treatment for auricular malformation, so we only provided diagnosis and consultation in the outpatient department. We suggested the parents feed the child scientifically, provide diversified and nutritious foods (cereals, fish, meat, vegetables and fruits, etc.), and cultivate the child’s habit of regular diet. Moreover, the child could go to the otolaryngology department to improve hearing, such as wearing hearing aids. When the child is 6-year-old with 120 cm in height, he can come to the hospital again for a comprehensive evaluation to decide whether to perform the auricle reconstruction. In addition, no genetic testing was conducted on this patient, which was unavailable in our center, and his parents could not afford it.

OUTCOME AND FOLLOW-UP

Periodic follow-ups were conducted every 6 mo to monitor progress of the deformity. The patient’s condition was stable during the 10 months’ follow-up.
DISCUSSION

HFM is a heterogeneous, multifactorial congenital disease. Its diagnosis is mainly clinical, while radiographic examinations help to support the clinical diagnosis. Prenatal diagnosis is possible, and accurate ultrasound can detect obvious defects. From a developmental perspective, the involved mandible and ear that embryologically originated from the first and second branchial arches suggest that this condition may be due to the maldevelopment of these branchial arches during the 1st week of gestation. The vascular disruption theory and the NCCs disturbance theory are pathogenetic hypotheses that might explain the malformations correlated with HFM\(^7\). Primitive lungs generally form in the 4th week of pregnancy. At this time, pulmonary hypoplasia may occur, accompanied by other ipsilateral congenital anomalies, such as cardiovascular system, gastrointestinal system, central nervous system, and musculoskeletal system\(^8\). As a rare congenital anomaly, right pulmonary hypoplasia can lead to secondary dextrocardia in situs solitus in scimitar syndrome\(^9\). The heart is the earliest organ formed during embryonic development. Cardiac malformations with pulmonary hypoplasia include Ebstein’s anomaly, tetralogy of Fallot, pulmonary stenosis, and right heart dysplasia\(^10,11\). Previous studies have found that pulmonary hypoplasia and cardiovascular anomalies are most commonly associated with minor auricle deformity, while this patient suffered from concha-type microtia\(^12,13\).

A comprehensive search of PubMed and Embase was performed to identify studies using MeSH terms and keywords “HFM” or “oculo-auriculo-vertebral syndrome” or “Goldenhar Syndrome” or “microtia”. Only three cases\(^14-16\) of HFM combined with pulmonary hypoplasia and dextrocardia were retrieved and reviewed (Table 1). Two patients were male with an ipsilateral malformation (right-side involvement), and one case was female with left HFM. Our patient was also male and had a right-side involvement. Male and right-side predominance has been observed in HFM. One hypothesis is the establishment of left-right asymmetry before organogenesis, resulting in subtle differences in the morphology of the left and right sides of the embryo. In rat embryos, the right-side predominance may be related to the observation of delayed maturation of the right mitochondria, resulting in decreased energy reserves and increased tissue damage during hypoxia\(^14\). In addition, male sex hormones might reduce the mitochondrial respiration rate and increase the sensitivity to chemical hypoxia\(^17\). Previous studies have confirmed that some genes are expressed differently on both sides of developing vertebrate embryos, leading to differential susceptibility of specific bilateral structures to teratogens during organogenesis. Furthermore, some human genes related to laterality are located on sex chromosomes, indicating a high correlation between male sex and laterality patterns\(^17\).

CONCLUSION

The contribution of the present case report lies in discovering a rare finding and an unusual association of 3 malformations: (1) Ipsilateral HFM; (2) pulmonary agenesis; and (3) dextrocardia. Those malformations may compose a laterality syndrome or an extension of an expanded spectrum of HFM. The etiology and epidemiology of pulmonary and cardiovascular anomalies in HFM are still unclear and demand a further investigation to explore relevant pathogenic mechanisms.
<table>
<thead>
<tr>
<th>Clinical features</th>
<th>This study</th>
<th>Maymon et al(^1) (2001)</th>
<th>Fan et al(^2) (2015)</th>
<th>Chaudhary et al(^3) (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Age of examination</td>
<td>2 yr</td>
<td>20 wk gestation</td>
<td>3 yr</td>
<td>7 yr</td>
</tr>
<tr>
<td>Microtia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Type</td>
<td>Concha-type</td>
<td>Lobule-type</td>
<td>Concha-type</td>
<td>Concha-type</td>
</tr>
<tr>
<td>EAM stenotic/atroisa</td>
<td>+</td>
<td>NA</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Facial asymmetry</td>
<td>+</td>
<td>NA</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Preauricular tags</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Macromastia</td>
<td>-</td>
<td>NA</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>+</td>
<td>NA</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Epibulbar dermoid</td>
<td>-</td>
<td>NA</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Pulmonary hypoplasia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>Cardiovascular anomalies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrial septal defect</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Dextrocardia</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Heart valve disease</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Others</td>
<td>Ectopic origin of left pulmonary artery</td>
<td>Main pulmonary artery dilated</td>
<td>Hepatic vein drainage directly into right atrium</td>
<td>Pulmonary stenosis</td>
</tr>
<tr>
<td>Inguinal hernia</td>
<td>-</td>
<td>NA</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Treatment</td>
<td>NA</td>
<td>Termination of the pregnancy</td>
<td>Indirect inguinal hernia repair + Repair of atrial septal defect</td>
<td>NA</td>
</tr>
</tbody>
</table>

\(^+\): Not reported; \(^-\): Reported; F: Female; M: Male; NA: Not available; L: Left; R: Right; EAM: External auditory meatus.

**FOOTNOTES**

**Author contributions:** Guo R and Chang SH reviewed the literature and contributed to manuscript drafting; Wang BQ and Zhang QG were responsible for the revision of the manuscript for important intellectual content; all authors issued final approval for the version to be submitted.

**Supported by** the National Natural Science Foundation of China, No. 81701930.

**Informed consent statement:** Informed written consent was obtained from the patient for publication of this report and any accompanying images.

**Conflict-of-interest statement:** The authors declare that they have no conflict of interest.

**CARE Checklist (2016) statement:** The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

**Open-Access:** This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: https://creativecommons.org/Licenses/by-nc/4.0/

**Country/Territory of origin:** China
REFERENCES


