MINIREVIEWS

5934 Development of clustered regularly interspaced short palindromic repeats/CRISPR-associated technology for potential clinical applications
Huang YY, Zhang XY, Zhu P, Ji L

5946 Strategies and challenges in treatment of varicose veins and venous insufficiency
Gao RD, Qian SY, Wang HH, Liu YS, Ren SY

5957 Diabetes mellitus susceptibility with varied diseased phenotypes and its comparison with phenome interactome networks
Rout M, Kour B, Vuree S, Lulu SS, Medicherla KM, Suravajhala P

ORIGINAL ARTICLE

Clinical and Translational Research

5965 Identification of potential key molecules and signaling pathways for psoriasis based on weighted gene co-expression network analysis
Shu X, Chen XX, Kang XD, Ran M, Wang YL, Zhao ZK, Li CX

5984 Construction and validation of a novel prediction system for detection of overall survival in lung cancer patients

Case Control Study

6001 Effectiveness and postoperative rehabilitation of one-stage combined anterior-posterior surgery for severe thoracolumbar fractures with spinal cord injury
Zhang B, Wang JC, Jiang YZ, Song QP, An Y

Retrospective Study

6009 Prostate sclerosing adenopathy: A clinicopathological and immunohistochemical study of twelve patients
Feng RL, Tao YP, Tan ZY, Fu S, Wang HF

6021 Value of magnetic resonance diffusion combined with perfusion imaging techniques for diagnosing potentially malignant breast lesions
Zhang H, Zhang XY, Wang Y

6032 Scar-centered dilation in the treatment of large keloids
Wu M, Gu JY, Duan R, Wei BX, Xie F

6039 Application of a novel computer-assisted surgery system in percutaneous nephrolithotomy: A controlled study
## Contents

**World Journal of Clinical Cases**

**Thrice Monthly Volume 10 Number 18 June 26, 2022**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>6050</td>
<td>Influences of etiology and endoscopic appearance on the long-term outcomes of gastric antral vascular ectasia</td>
<td>Kwon HJ, Lee SH, Cho JH</td>
</tr>
<tr>
<td>6060</td>
<td>Evaluation of the clinical efficacy and safety of TST33 mega hemorrhoidectomy for severe prolapsed hemorrhoids</td>
<td>Tao L, Wei J, Ding XF, Ji LJ</td>
</tr>
<tr>
<td>6069</td>
<td>Sequential chemotherapy and icotinib as first-line treatment for advanced epidermal growth factor receptor-mutated non-small cell lung cancer</td>
<td>Sun SJ, Han JD, Liu W, Wu ZY, Zhao X, Yan X, Jiao SC, Fang J</td>
</tr>
<tr>
<td>6082</td>
<td>Impact of preoperative carbohydrate loading on gastric volume in patients with type 2 diabetes</td>
<td>Lin XQ, Chen YR, Chen X, Cai YP, Lin JX, Xu DM, Zheng XC</td>
</tr>
<tr>
<td>6091</td>
<td>Efficacy and safety of adalimumab in comparison to infliximab for Crohn's disease: A systematic review and meta-analysis</td>
<td>Yang HH, Huang Y, Zhou XC, Wang RN</td>
</tr>
<tr>
<td>6105</td>
<td>Successful treatment of acute relapse of chronic eosinophilic pneumonia with benralizumab and without corticosteroids: A case report</td>
<td>Izhakian S, Pertzov B, Rosengarten D, Kramer MR</td>
</tr>
<tr>
<td>6119</td>
<td>Hepatic epithelioid hemangioendothelioma after thirteen years' follow-up: A case report and review of literature</td>
<td>Mo WF, Tong YL</td>
</tr>
<tr>
<td>6128</td>
<td>Effectiveness and safety of ultrasound-guided intramuscular lauromacrogol injection combined with hysteroscopy in cervical pregnancy treatment: A case report</td>
<td>Ye JP, Gao Y, Lu LW, Ye YJ</td>
</tr>
<tr>
<td>6136</td>
<td>Carcinoma located in a right-sided sigmoid colon: A case report</td>
<td>Lyu LJ, Yao WW</td>
</tr>
<tr>
<td>Page</td>
<td>Title</td>
<td>Authors</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>6148</td>
<td>Overlapping syndrome of recurrent anti-N-methyl-D-aspartate receptor encephalitis and anti-myelin oligodendrocyte glycoprotein demyelinating diseases: A case report</td>
<td>Yin XJ, Zhang LF, Bao LH, Feng ZC, Chen JH, Li BX, Zhang J</td>
</tr>
<tr>
<td>6163</td>
<td>Disseminated strongyloidiasis in a patient with rheumatoid arthritis: A case report</td>
<td>Zheng JH, Xue LY</td>
</tr>
<tr>
<td>6168</td>
<td>CYP27A1 mutation in a case of cerebrotendinous xanthomatosis: A case report</td>
<td>Li ZR, Zhou YL, Jin Q, Xie YY, Meng HM</td>
</tr>
<tr>
<td>6175</td>
<td>Postoperative multiple metastasis of clear cell sarcoma-like tumor of the gastrointestinal tract in adolescent: A case report</td>
<td>Huang WP, Li LM, Gao JB</td>
</tr>
<tr>
<td>6192</td>
<td>Presentation of Boerhaave’s syndrome as an upper-esophageal perforation associated with a right-sided pleural effusion: A case report</td>
<td>Tan N, Luo YH, Li GC, Chen YL, Tan W, Xiang YH, Ge L, Yao D, Zhang MH</td>
</tr>
<tr>
<td>6205</td>
<td>Nontraumatic convexal subarachnoid hemorrhage: A case report</td>
<td>Chen HL, Li B, Chen C, Fan XX, Ma WB</td>
</tr>
<tr>
<td>6211</td>
<td>Growth hormone ameliorates hepatopulmonary syndrome and nonalcoholic steatohepatitis secondary to hypopituitarism in a child: A case report</td>
<td>Zhang XY, Yuan K, Fang YL, Wang CL</td>
</tr>
<tr>
<td>6218</td>
<td>Vancomycin dosing in an obese patient with acute renal failure: A case report and review of literature</td>
<td>Xu KY, Li D, Hu ZJ, Zhao CC, Bai J, Du WL</td>
</tr>
<tr>
<td>6227</td>
<td>Insulinoma after sleeve gastrectomy: A case report</td>
<td>Lobaton-Ginsberg M, Sotelo-González P, Ramirez-Renteria C, Juárez-Aguilar FG, Ferreira-Hermosillo A</td>
</tr>
<tr>
<td>6234</td>
<td>Primary intestinal lymphangiectasia presenting as limb convulsions: A case report</td>
<td>Cao Y, Feng XH, Ni HX</td>
</tr>
<tr>
<td>6241</td>
<td>Esophagogastric junctional neuroendocrine tumor with adenocarcinoma: A case report</td>
<td>Kong ZZ, Zhang L</td>
</tr>
</tbody>
</table>
Contents

Thrice Monthly Volume 10 Number 18 June 26, 2022

6247 Foreign body granuloma in the tongue differentiated from tongue cancer: A case report
   Jiang ZH, Xu R, Xia L

6254 Modified endoscopic ultrasound-guided selective N-butyl-2-cyanoacrylate injections for gastric variceal hemorrhage in left-sided portal hypertension: A case report
   Yang J, Zeng Y, Zhang JW

6261 Management of type IIIb dens invaginatus using a combination of root canal treatment, intentional replantation, and surgical therapy: A case report
   Zhang J, Li N, Li WL, Zheng XY, Li S

6269 Clivus-involved immunoglobulin G4 related hypertrophic pachymeningitis mimicking meningioma: A case report
   Yu Y, Lv L, Yin SL, Chen C, Jiang S, Zhou PZ

6277 De novo brain arteriovenous malformation formation and development: A case report
   Huang H, Wang X, Guo AN, Li W, Duan RH, Fang JH, Yin B, Li DD

6283 Coinfection of Streptococcus suis and Nocardia asiatica in the human central nervous system: A case report
   Chen YY, Xue XH

6289 Dilated left ventricle with multiple outpouchings — a severe congenital ventricular diverticulum or left-dominant arrhythmogenic cardiomyopathy: A case report
   Zhang X, Ye RY, Chen XP

6298 Spontaneous healing of complicated crown-root fractures in children: Two case reports
   Zhou ZL, Guo L, Sun SK, Li HS, Zhang CD, Kou WW, Xu Z, Wu LA

6307 Thyroid follicular renal cell carcinoma excluding thyroid metastases: A case report
   Wu SC, Li XY, Liao BJ, Xie K, Chen WM

6314 Appendiceal bleeding: A case report
   Zhou SY, Guo MD, Ye XH

6319 Spontaneous healing after conservative treatment of isolated grade IV pancreatic duct disruption caused by trauma: A case report
   Mei MZ, Ren YF, Mou YP, Wang YY, Jin WW, Lu C, Zhu QC

6325 Pneumonia and seizures due to hypereosinophilic syndrome—organ damage and eosinophilia without synchronisation: A case report
   Ishida T, Murayama T, Kobayashi S

6333 Creutzfeldt-Jakob disease presenting with bilateral hearing loss: A case report
   Na S, Lee SA, Lee JD, Lee ES, Lee TK

LETTER TO THE EDITOR

6338 Stem cells as an option for the treatment of COVID-19
   Cuevas-González MV, Cuevas-González JC
ABOUT COVER
Editorial Board Member of World Journal of Clinical Cases, Cristina Tudoran, PhD, Assistant Professor, Department VII, Internal Medicine II, Discipline of Cardiology, "Victor Babes" University of Medicine and Pharmacy Timisoara, Timisoara 300041, Timis, Romania. cristina13.tudoran@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: Xu Guo; 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, Ja Hyeon Ku

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

PUBLICATION DATE
June 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
Successful treatment of acute relapse of chronic eosinophilic pneumonia with benralizumab and without corticosteroids: A case report

Shimon Izhakian, Barak Pertzov, Dror Rosengarten, Mordechai R Kramer

Abstract

BACKGROUND
Currently, the mainstay of chronic eosinophilic pneumonia (CEP) treatment is corticosteroids, usually with a favorable response and good prognosis. However, relapse is common, requiring long-term use of corticosteroids, with risk of significant treatment-related complications. The dire need to develop new treatments for patients with CEP, who are dependent on, or resistant to corticosteroids has led to exploring novel therapies. We herein describe a patient with acute relapse of CEP, who was successfully treated with benralizumab, an IL-5Rα antagonist that has demonstrated rapid anti-eosinophil action in patients with asthma. Currently, only three recent patient reports on CEP relapse, also demonstrated successful treatment with benralizumab alone, without corticosteroids.

CASE SUMMARY
A 31-year-old non-smoking woman presented in our hospital with a 3 wk history of shortness of breath, dry cough and fever up to 38.3 °C. Laboratory examination revealed leukocytosis 10240 K/µL, eosinophilia 900 K/µL and normal values of hemoglobin, platelets, creatinine and liver enzymes. Computed tomography of the chest showed a mediastinal lymphadenopathy and consolidations in the right upper and left lower lobes. CEP was diagnosed, and the patient was treated with hydrocortisone intravenously, followed by oral prednisone, with prompt improvement. Three months later, she presented with relapse of CEP: aggravation of dyspnea, rising of eosinophilia and extension of pulmonary infiltrates on chest X-ray. She was treated with benralizumab only, with clinical improvement within 2 wk, and complete resolution of lung infiltrates following 5 wk.

CONCLUSION
Due to Benralizumab’s dual mechanism of action, it both neutralizes IL-5Ra pro-eosinophil functions and triggers apoptosis of eosinophils. We therefore maintain benralizumab can serve as a reasonable therapy choice for every patient with chronic eosinophilic pneumonia and a good alternative for corticosteroids.

**Key Words:** Benralizumab; Eosinophilic pneumonia; Interstitial lung disease; Corticosteroid withdrawal; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

**Core Tip:** Chronic eosinophilic pneumonia (CEP) is an idiopathic pulmonary disease, characterized by marked eosinophil accumulation in the pulmonary parenchyma. Currently, the mainstay of CEP treatment is corticosteroids. However, relapse is common, requiring long-term use of corticosteroids, with the risk of significant treatment-related adverse effects. Herein, we describe a patient with an acute CEP relapse, successfully treated with benralizumab alone, without corticosteroids. Currently, only three patients with acute relapse of CEP, were reported successfully treated with benralizumab alone, without corticosteroids. This therapy option may be particularly beneficial for patients who have previously suffered serious adverse effects from or have any contraindications to chronic corticosteroid treatment.

**INTRODUCTION**

Chronic eosinophilic pneumonia (CEP) is an inflammatory lung disease, clinically characterized by isolated pulmonary involvement, with appearance of pulmonary eosinophilic infiltrates[1] that permeate the lungs, presenting symptoms include cough, fever and dyspnea[2]. Response to oral corticosteroids (OCS), the commonly administered treatment for CEP, is usually dramatic and rapid[3]. However, in approximately 50% of the patients, CEP relapses under tapering of OCS, and thus long-term OCS administration is required[3]. Unfortunately, chronic OCS treatment has a proven increased risk for treatment-related adverse effects and complications, (e.g., hypertension, diabetes mellitus, osteoporosis and infections)[4]. Therefore, the dire need to develop new treatments for patients with CEP, who are dependent on, or resistant to OCS has led to exploring novel therapies. Benralizumab, an IL-5Ra antagonist has demonstrated rapid anti-eosinophil action in patients with asthma. Successful treatment with benralizumab, was also recently reported in three patients with acute relapse of CEP[5-7]. We herein describe an additional patient with an acute relapse of CEP who was successfully treated with benralizumab alone, without corticosteroids.

**CASE PRESENTATION**

**Chief complaints**

On July 26, 2020, a 31-year-old non-smoking healthy woman was evaluated in our hospital. She presented with a 3-wk history of shortness of breath, dry cough and fever up to 38.3 °C.

**History of present illness**

Two weeks prior to the presentation at our medical center, the patient was examined at a local emergency department for the same complaints, which had then appeared for one week. At that time, a chest X-ray showed infiltrates in the right upper and left lateral lung fields (Figure 1A). The laboratory examination revealed mild leukocytosis 11200 K/µL, eosinophilia 800 K/µL and an elevated level of serum C-reactive protein 45 mg/L. Nasopharyngeal swabs were negative for coronavirus disease 2019 (COVID-19). She was discharged home from the local hospital with recommendations for oral treatment with cefuroxime 500 mg and roxithromycin 150 mg, both twice daily for 7 days.
Izhakian S et al. Treatment of eosinophilic pneumonia with benralizumab

Figure 1 Imaging examinations of the present patient. A: Chest X-ray (frontal view) shows infiltrates in the right upper and left lateral lung fields (two weeks prior to the patient’s presentation in our hospital); B: CT of the chest (axial plain) reveals a mediastinal lymphadenopathy, and pulmonary consolidations in the right upper and left lower lobes (at first presentation); C: Chest X-ray (frontal view) and D: (lateral view) show disappearance of the pulmonary infiltrates (6 wk after the presentation); E: Chest X-ray (frontal view) and F: (lateral view) reveal a new infiltrate in the right lower lobe (4.5 mo after the presentation); G: Chest X-ray (frontal view) and H: (lateral view) reveal absorption of the infiltrate 5 wk after beginning of benralizumab treatment.

**History of past illness**
No specific history of past illness was reported.

**Physical examination**
The patient’s temperature was 37.3 °C, heart rate 97 beats per minute, respiratory rate 16 breaths per minute, blood pressure 103/71 mmHg and oxygen saturation in room air 97%. On the chest examination, crepitation was detected on the left lung base. The rest of the physical examination was unrevealing.

**Laboratory examinations**
Abnormal laboratory findings included leukocytosis 10240 K/µL and eosinophilia 900 K/µL. Results of other routine blood tests were normal. A screening panel was negative for allergic bronchopulmonary aspergillosis, including *Aspergillus* specific immunoglobulin E and *Aspergillus fumigatus* serum precipitant. No antinuclear and anti-neutrophil cytoplasmic antibodies were detected. Serologic tests for *Toxocara*, *Strongyloides*, *Schistosoma* and *Echinococcus* were negative.

**Imaging examinations**
Computed tomography (CT) of the chest (axial plain) showed a mediastinal lymphadenopathy, and pulmonary consolidations in the right upper and left lower lobes (Figure 1B).
FINAL DIAGNOSIS

Eosinophilic pneumonia was diagnosed based on clinical symptoms, peripheral blood eosinophilia, peripheral lung consolidation on chest CT and prompt response to systemic glucocorticoid therapy.

TREATMENT

The patient was treated with hydrocortisone intravenously at a dosage of 100 mg three times per day, for 2 days, with rapid improvement of dyspnea and cough. The treatment was switched to oral prednisone, at a daily dosage of 40 mg, which was tapered down during the following 2 mo. On September 6, 2020, the patient was feeling well, eosinophilia had resolved, and pulmonary infiltrates no longer appeared on chest X-ray (Figures 1C and D).

OUTCOME AND FOLLOW-UP

On December 6, 2020, the patient was reevaluated, due to recurrence of dyspnea, cough and fever. Laboratory examination demonstrated blood eosinophilia 600 K/µL, white blood cells 8.8 k/micL and C-reactive protein 0.2 mg/dL. Chest X-ray revealed a new infiltrate in the right lower lobe of the frontal view (Figure 1E), which was clearer in the lateral view (Figure 1F). Acute relapse of CEP was diagnosed. We discussed with the patient treatment options, including the advantages and disadvantages of therapy with OCS vs anti-interleukin-5 drug, benralizumab. It was decided to start (on December 7, 2020) benralizumab subcutaneously, at a dosage of 30 mg monthly, without OCS. Following 2 wk, the patient reported significant improvement of the symptoms. One month after the first injection of benralizumab, eosinophils were zero and WBC 4 k/micL; CRP was not taken. Five weeks after the first injection, a chest X-ray was unrevealing (Figure 1G and H). Two months later, the patient received the second and third injections of benralizumab and demonstrated sustained clinical and radiographic remission of CEP.

DISCUSSION

To the best of our knowledge, we present the fourth recent report in the medical literature regarding rapid improvement of acute flare of CEP, following treatment with benralizumab, without OCS. In previous cases, benralizumab therapy was initiated after frequent, acute CEP relapses, or as an alternative after patient refusal to reintiate OCS, due to treatment-related adverse effects. Isomoto et al [5] described a 58-year-old woman with CEP and a history of refractory asthma. She had three flares of her concomitant disease in the preceding year, which necessitated OCS therapy. Only for the fourth flare, her treating physician initiated a different therapy, one injection of benralizumab, which induced remission of her asthma and CEP following 16 wk. Izumo et al[6] described a 43-year-old healthy woman who presented with chronic cough. She was diagnosed with CEP and successfully treated with prednisolone. However, her symptoms worsened after prednisolone cessation. Following patient refusal to re-initiation of OCS, due to treatment-related adverse effects, benralizumab treatment was initiated. After 6 mo of benralizumab therapy, sustained remission of CEP was achieved. Yazawa et al[7] described a 70-year-old woman with a history of bronchial asthma who had dyspnea and cough for one month, and was diagnosed with CEP. She refused OCS and therefore was treated with benralizumab, which resulted in resolution of symptoms, hypoxemia and lung infiltrates. Moreover, 12 mo benralizumab maintenance treatment without OCS, provided sustained remission of CEP.

CEP is an idiopathic lung disease that is characterized by isolated pulmonary involvement, with marked eosinophil accumulation in the pulmonary parenchyma[1,2]. Therefore, we maintain benralizumab is a reasonable therapy choice for every patient with CEP. Predominately, due to its dual mechanism of action, benralizumab a humanized monoclonal antibody, as an interleukin-5 receptor α (IL-5Rα) antagonist, neutralizes the pro-eosinophil functions of IL-5R, by binding to its α subunit and by binding to FcγRIIIa receptor expressed by natural killer cells, triggers apoptosis of eosinophils via antibody-dependent cell-mediated cytotoxicity[8]. This therapy is especially important in patients with CEP, who present with specific clinical scenarios. As demonstrated, treatment with benralizumab may be beneficial for patients with frequent CEP relapses. Clearly, benralizumab could be the drug of choice in patients who demonstrate serious adverse effects following OCS therapy. Likewise, benralizumab therapy seems to be preferred in patients with comorbidities that are expected to be aggravated under OCS treatment.
CONCLUSION

For treatment of CEP, we maintain benralizumab can serve as a reasonable therapy choice for every patient and a good alternative for OCS.

FOOTNOTES

Author contributions: Izhakian S and Rosengarten D contributed to the acquisition and interpretation of the data; Pertzov B and Kramer MR contributed to the critical revision of the manuscript for important intellectual content; all authors contributed to the drafting of the manuscript and approved the final version.

Informed consent statement: Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

Conflict-of-interest statement: The authors declare that they have no conflicts of interest related to this work.

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: Israel

ORCID number: Shimon Izhakian 0000-0003-1150-1057; Barak Pertzov 0000-0002-3077-3616; Dror Rosengarten 0000-0003-1754-5878; Mordechai R Kramer 0000-0003-2376-2393.

REFERENCES
