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鼻内镜手术结合鼻腔多部位射频技术治疗常年性变应性鼻炎

方朝新, 甄少少(开平市中心医院耳鼻咽喉科, 广东 开平 529300)

摘要: 目的 探讨鼻内镜手术结合射频技术治疗常年性变应性鼻炎疗效。方法 对 63 例药物治疗不能控制症状的常年性变应性鼻炎, 采用鼻内镜行鼻中隔粘膜下矫正术, 射频点射两侧蝶腭孔和筛前神经及下鼻甲。结果 术后 1 个月: 显效 92.1% (58/63), 有效 7.9% (5/63), 总有效率 100%; 术后 1 年: 显效 88.9% (56/63), 有效 7.9% (5/63), 无效 3.2% (2/63), 有效率 96.8% (61/63); 术后 2 年: 显效 82.6% (52/63), 有效 12.7% (8/63), 无效 4.8% (3/63), 总有效率 95.2% (60/63)。单纯行鼻中隔粘膜下矫正术对照组比较, 术后 1 年、2 年总有效率(显效+有效 $P < 0.01$) 显著提高, 均有统计学意义。结论 鼻内镜手术结合射频技术治疗常年性变应性鼻炎, 具有定位准确, 疗效好, 创面少等优点。

关键词: 变应性鼻炎; 鼻内镜; 射频治疗

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Nasal endoscopy combined with multiple radiofrequency for perennial allergic rhinitis

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Abstract: **Objective** To evaluate the therapeutic effects of nasal endoscopic surgery combined with multiple radiofrequency in the treatment of perennial allergic rhinitis. **Methods** Sixty-three patients with perennial allergic rhinitis whose symptoms failed to be controlled by medication received nasal endoscopic surgery for submucous resection of the nasal septum combined with radiofrequency ablation of the bilateral sphenopalatine foramen, anterior ethmoidal nerve and inferior nasal concha. **Result** One month after operation, the rate of excellent recovery was 92.1% (58/63), efficacy rate of 7.9% (5/63), and total efficacy rate of 100%, which was 88.9% (56/63), 7.9% (5/63), and 96.8% (61/63) 1 year after operation, respectively, with 2 patients (3.2%) of the patients failed to respond to the treatment. Two years after the operation, the excellent rate, efficacy rate, and total effective rate was 82.6% (52/63), 12.7% (8/63), and 95.2% (60/63), respectively, with 3 patients failed to obtain good recovery. **Conclusion** Nasal endoscope combined with radio frequency may achieve good therapeutic effects on perennial allergic rhinitis with less adverse effects.

Key words: perennial allergic rhinitis; nasal endoscope; radiofrequency technique

常年性变应性鼻炎手术治疗方法较多, 但单一的治疗方式远期复发率较高。我科于 1998 年 3 月~2003 年 1 月之间, 采用经鼻内镜行鼻中隔偏曲矫正加射频点射蝶腭孔、筛前神经、下鼻甲等的手段, 治疗常年性变应性鼻炎 63 例, 经一定时期的随访, 效果确切, 现报告如下。

1 资料与方法

1.1 临床资料

本院收治的 63 例患者, 男 41 例、女 22 例, 年龄 19~60 岁, 平均 30.5 岁, 病程 1~30 年。所有病例符合常年性鼻炎诊断标准^[1], 同时合并鼻中隔偏曲, 均接受过抗组胺药和皮质类固醇药物全身和局部治疗, 疗效不佳。此 63 例作为治疗组, 按入院时段随机选取, 另选 20 例同病患者单纯行鼻中隔手术作为对照组, 二组均为住院病例。

1.2 治疗方法

治疗组患者取平卧位, 用 2% 地卡因加 1/1000 肾上腺素棉片表麻和收缩鼻腔粘膜。在鼻内镜下, 先用 SHP-1 型五官射频治疗仪(广州医疗器械厂产), 选强度为 3 档, 发射头对准两侧蝶腭孔, 鼻中隔两侧前上方(两侧点射位置错开 5 mm, 防止鼻中隔穿孔), 鼻腔外侧壁前上方和鼻丘, 下鼻甲前部(下鼻甲高度肥大者行下鼻甲部分切除术)点射。以射头周围出现白环为宜, 下鼻甲前部可射 3~5 个点, 鼻丘, 鼻腔外侧壁选用射频刀, 切致骨膜。再行鼻中隔粘膜下矫正术, 合并有钩突肥大、鼻窦炎、中鼻甲肥大或息肉样变、鼻息肉者, 行钩突切除、鼻窦开放、中鼻甲外侧部分切除、鼻息肉切除术。术后两侧鼻腔填塞膨胀海绵, 48 h 取出填塞物。对照组病例, 只行鼻中隔粘膜下矫正术。

1.3 疗效评定标准

按照变应性鼻炎疗效评定标准^[1]评定疗效。

1.4 统计处理

两组疗效组间比较行 t 检验。

2 结果

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组患者术后 1~3 d,鼻塞、流鼻涕加重,第 4 天随白色伪膜清除,症状逐渐减轻。3~4 周后,症状消失。未见鼻中隔穿孔,嗅觉减退,鼻干眼干等并发症。

病例随访 2 年,观察期不用抗组胺和皮质类固醇等过敏药物治疗。

1 个月:显效 92.1%(58/63)、有效 7.9%(5/63)、总有效率 100%;对照组显效 40%(8/20)、有效 50%(10/20)、无效 10%(2/10),总有效率 90%(9/10)。

1 年:显效 88.9%(56/63)、有效 7.9%(5/63)、总有效率 96.8%(61/63);对照组显效 30%(6/20)、有效 40%(8/20)、无效 30%(6/20)、总有效率 70%(7/10)。

2 年:显效 82.6%(52/63)、有效 12.7%(8/63)、总有效率 95.2%(60/63);对照组显效 20%(4/20)、有效 40%(8/20)、无效 40%(8/20)、总有效率 60%(6/10)。

经统计学分析 1 年和 2 年的总有效率均有显著性差异($P<0.01$)。

3 讨论

研究表明,鼻腔的副交感神经包括翼管神经和筛前神经的副交感纤维,下鼻甲黏膜内独立的胆碱能神经末梢,鼻腔无髓鞘感觉神经纤维末梢的一些神经血管活性肽和 P 物质,对鼻黏膜的血管舒缩和腺体的分泌起调节作用^[2-4]。常年性变应性鼻炎治疗以药物治疗为主,但对存在鼻内结构异常病例,单纯药物治疗效果往往不佳,应根据具体结构特点进行相应的外科干预。由于鼻腔黏膜神经支配复杂,采用射频技术对鼻腔内多部位进行处理,其中点射两侧蝶腭神经节阻断了蝶腭神经节后副交感纤维,点射鼻中隔前、鼻腔外侧壁上前方破坏筛前神经内侧支、外侧支^[5]。另外,下鼻甲存在胆碱能微神经节及其副交感神经丛^[6],所以对下鼻甲前部选择 3-5 点进行点射。

射频技术彻底阻断鼻黏膜的副交感通路,减轻血管张力,减少腺体分泌,从而达到治疗目的^[7]。单纯的筛前神经切断术或(和)筛前神经切断术或下鼻甲的射频消融,在鼻腔黏膜副交感神经的来源和分布上都保留了一个副交感通路,因变应反应弧仍然存在,所以手术效果差,复发率高^[8,9]。本组病例阻断了包括蝶腭神经节后纤维,筛前神经的副交感纤维以及下鼻甲内的胆碱能神经节的所有鼻腔黏膜副交感通路,变应反射弧彻底解除,从而获得稳定可靠的效

果。另外,鼻中隔偏曲矫正后,消除了两侧鼻腔不平衡刺激,降低了感觉-副交感神经反射,同时改善了鼻腔通气引流,有利疾病良性转归,通过多个环节共同作用,显著提高了常年性变应性鼻炎疗效。

本实验组病例研究证明有如下优点:(1)术区定位准确,尤其是神经阻断效果确切,同时避免对临近重要组织误伤。(2)容易发现并清除影响疗效的鼻内其他病变。如:钩突肥大,中鼻甲肥大、息肉样变,鼻窦炎、鼻息肉等。(3)射频治疗是通过高频电磁波作用,使组织蛋白凝固、变性。点射部位温度较低(60~80℃)。没有高温对周围组织的损伤,不会引起血管急性穿破的大出血^[10]。无碳化、汽化、烟雾产生,术野清晰,便于连续操作。

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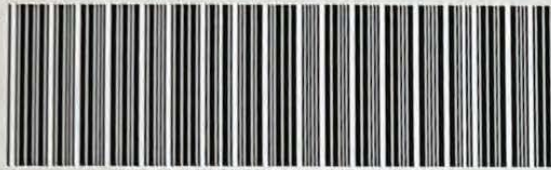
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赵克森教授应邀在国际流变学术大会作报告

在6月2日重庆结束的“第12届国际生物流变学和第5届国际临床血液流变学大会”上,中国代表赵克森教授的“重症休克时的血液流变学事件”学术报告,在与会的几百名国际、国内代表中引起较大轰动。

该报告用大量的数据、图片、录相等,阐述了重症休克微循环低灌流量难以恢复的原因是由于白细胞堵塞毛细血管,药物难以到达已经堵塞的毛细血管发挥作用。恢复休克时减低的脉压、脉动血流可以冲走嵌塞停滞的白细胞,使毛细血管灌流恢复,中药虎杖苷起上述作用。在探讨休克顽固性低血压的机理时,查明血管平滑肌钾离子通道激活,引起细胞膜超极化是血管对收缩药物反应下降的重要原因,用钾通道拮抗剂可以恢复血管反应性,再用升压药物可以治疗休克顽固性低血压,从而在国际著名杂志“休克”率先发表了“应用血管反应性恢复剂治疗重症休克的新途径”的论文。报告后几位美国科学院和工程院院士,以及多位学者向赵教授表示祝贺,大会主席美国国家科学院和工程院院士钱煦教授握着赵教授的手说:“你们的工作做得好,报告也好。”美国工程院院士史密德尚拜表示衷心祝贺,并在随后的大会报告中8次引用赵教授的工作。

赵克森是广州南方医科大学(原第一军医大学)病理生理教研室教授的博士生导师,是国际休克学会联盟(IFSS)的创建人之一。1959年毕业于哈尔滨医科大学,曾在美国圣迭哥加州大学留学,从师于微循环之父兹外法赫教授。现为国务院学位委员会学科评议组成员,中国病理生理学会休克专业委员会主任委员,国际休克学会联盟理事,亚洲微循环联盟理事。他组建了我国第一个休克微循环重点实验室,培养出一批优秀的硕士和博士人才,其中包括973首席科学家和国家杰出人才基金获得者。曾获得全军院校优秀教员和总后勤部科学技术一代名师等荣誉称号。

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鼻内镜手术结合鼻腔多部位射频技术治疗常年性变应性鼻炎

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摘要: 目的 探讨鼻内镜手术结合射频技术治疗常年性变应性鼻炎疗效。方法 对 63 例药物治疗不能控制症状的常年性变应性鼻炎,采用鼻内镜行鼻中隔粘膜下矫正术,射频点射两侧蝶腭孔和筛前神经及下鼻甲。结果 术后 1 个月:显效 92.1%(58/63),有效 7.9%(5/63),总有效率 100%;术后 1 年:显效 88.9%(56/63),有效 7.9%(5/63),无效 3.2%(2/63),总有效率 96.8%(61/63);术后 2 年:显效 82.6%(52/63),有效 12.7%(8/63),无效 4.8%(3/63),总有效率 95.2%(60/63)。与单纯行鼻中隔粘膜下矫正术对照组比较,术后 1 年、2 年总有效率(显效+有效 $P<0.01$)显著提高,均有统计学意义。结论 鼻内镜手术结合射频技术治疗常年性变应性鼻炎,具有术区定位准确,疗效好,副作用少等优点。

关键词: 变应性鼻炎;鼻内镜;射频治疗

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Nasal endoscopy combined with multiple radiofrequency for perennial allergic rhinitis

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Abstract: **Objective** To evaluate the therapeutic effects of nasal endoscopic surgery combined with multiple radiofrequency in the treatment of perennial allergic rhinitis. **Methods** Sixty-three patients with perennial allergic rhinitis whose symptoms failed to be controlled by medication received nasal endoscopic surgery for submucous resection of the nasal septum combined with radiofrequency ablation of the bilateral sphenopalatine foramen, anterior ethmoidal nerve and inferior nasal concha. **Result** One month after operation, the rate of excellent recovery was 92.1% (58/63), efficacy rate of 7.9% (5/63), and total efficacy rate of 100%, which was 88.9%(56/63), 7.9%(5/63), and 96.8% (61/63) 1 year after operation, respectively, with 2 patients (3.2%) of the patients failed to respond to the treatment. Two years after the operation, the excellent rate, efficacy rate, and total effective rate was 82.6%(52/63), 12.7%(8/63), and 95.2% (60/63), respectively, with 3 patients failed to obtain good recovery. **Conclusion** Nasal endoscope combined with radio frequency may achieve good therapeutic effects on perennial allergic rhinitis with less adverse effects.

Key words: perennial allergic rhinitis; nasal endoscope; radiofrequency technique

常年性变应性鼻炎手术治疗方法较多,但单一的治疗方式远期复发率较高。我科于 1998 年 3 月~2003 年 1 月之间,采用经鼻内镜行鼻中隔偏曲矫正加射频点射蝶腭孔、筛前神经、下鼻甲等的手段,治疗常年性变应性鼻炎 63 例,经一定时期的随访,效果确切,现报告如下。

1 资料与方法

1.1 临床资料

本院收治的 63 例患者,男 41 例、女 22 例,年龄 19~60 岁,平均 30.5 岁,病程 1~30 年。所有病例符合常年性鼻炎诊断标准^[1],同时合并鼻中隔偏曲,均接受过抗组胺药和皮质类固醇药物全身和局部治疗,疗效不佳。此 63 例作为治疗组,按入院时段随机选取,另选 20 例同病患者单纯行鼻中隔手术作为对照组,二组均为住院病例。

1.2 治疗方法

治疗组患者取平卧位,用 2%地卡因加 1/1000 肾上腺素棉片表麻和收缩鼻腔粘膜。在鼻内镜下,先用 SHP-1 型五官射频治疗仪(广州医疗器械厂产),选强度为 3 档,发射头对准两侧蝶腭孔,鼻中隔两侧前上方(两侧点射位置错开 5 mm,防止鼻中隔穿孔),鼻腔外侧壁前上方和鼻丘、下鼻甲前部(下鼻甲高度肥大者行下鼻甲部分切除术)点射。以射头周围出现白环为宜,下鼻甲前部可射 3~5 个点,鼻丘,鼻腔外侧壁选用射频刀,切致骨膜。再行鼻中隔粘膜下矫正术,合并有钩突肥大、鼻窦炎、中鼻甲肥大或息肉样变、鼻息肉者,行钩突切除、鼻窦开放、中鼻甲外侧部分切除、鼻息肉切除术。术后两侧鼻腔填塞膨胀海绵,48 h 取出填塞物。对照组病例,行鼻中隔粘膜下矫正术。

1.3 疗效评定标准

按照变应性鼻炎疗效评定标准^[1]评定疗效。

1.4 统计处理

两组疗效组间比较行 t 检验。

2 结果

收稿日期:2005-01-04

作者简介:方朝新(1957-),男,1983 年毕业于广东医学院,副主任医师,电话:0750-2371803, E-mail:fangcx@21cn.com

实验组患者术后1~3 d,鼻塞、流鼻涕症加重,第4天随着白色伪膜清除,症状逐渐减轻。3~4周后,症状消失。未见鼻中隔穿孔,嗅觉减退,鼻干眼干等并发症。

全部病例随访2年,观察期不用抗组胺和皮质类固醇等抗过敏药物治疗。

术后1个月:显效92.1%(58/63)、有效7.9%(5/63),总有效率100%;对照组显效40%(8/20)、有效50%(10/20)、无效10%(2/10),总有效率90%(9/10)。

术后1年:显效88.9%(56/63)、有效7.9%(5/63)、无效3.2%(2/63),总有效率96.8%(61/63);对照组中显效30%(6/20)、有效40%(8/20)、无效30%(6/20),总有效率70%(7/10)。

术后2年:显效82.6%(52/63)、有效12.7%(8/63)、无效4.8%(3/63),总有效率95.2%(60/63);对照组中显效20%(4/20)、有效40%(8/20)、无效40%(8/20),总有效率60%(6/10)。

两组经统计学分析1年和2年的总有效率均有显著性差异($P<0.01$)。

3 讨论

大量研究表明,鼻腔的副交感神经包括翼管神经和筛前神经的副交感纤维,下鼻甲黏膜内独立的胆碱能神经节,鼻腔无髓鞘感觉神经纤维末梢的一些神经血管肽(血管活性肽和P物质),对鼻黏膜的血管舒缩和腺体的分泌起调节作用^[2-4]。常年性变应性鼻炎治疗以药物治疗为主,但对存在鼻内结构异常病例,单纯的药物治疗效果往往不佳,应根据具体结构特点进行合理的外科干预。由于鼻腔黏膜神经支配复杂,采用射频技术对鼻腔内多部位进行处理,其中点射两例蝶腭孔阻断了蝶腭神经节后副交感纤维,点射鼻中隔前上方、鼻腔外侧壁前上方破坏筛前神经内侧支、外侧支^[3,5]。另外,下鼻甲存在胆碱能微神经节及其副交感神经丛^[6],所以对下鼻甲前部选择3-5点进行点射。

应用射频技术彻底阻断鼻黏膜的副交感通路,减轻血管张力,减少腺体分泌,从而达到治疗目的^[7]。单纯的翼管神经切断术或(和)筛前神经切断术或下鼻甲的处理,在鼻腔黏膜副交感神经的来源和分布上都保留1~2个副交感通路,因变应反应弧仍然存在,所以手术后效果差,复发率高^[8,9]。本组病例阻断了包括蝶腭神经节后纤维、筛前神经的副交感纤维以及下鼻甲黏膜内的胆碱能神经节的所有鼻腔黏膜副交感通路,变应反射弧彻底解除,从而获得稳定可靠的效

果。另外,鼻中隔偏曲矫正后,消除了两侧鼻腔不平衡刺激,降低了感觉-副交感神经反射,同时改善了鼻腔通气引流,有利疾病良性转归,通过多个环节共同作用,显著提高了常年性变应性鼻炎疗效。

本实验组病例研究证明有如下优点:(1)术区定位准确,尤其是神经阻断效果确切,同时避免对临近重要组织损伤。(2)容易发现并清除影响疗效的鼻内其他病变。如:钩突肥大、中鼻甲肥大、息肉样变、鼻窦炎、鼻息肉等。(3)射频治疗是通过高频电磁波作用,使组织蛋白凝固、变性。点射部位温度较低(60~80℃)。没有高温对周围组织的损伤,不会引起血管急性穿破的大出血^[10]。无碳化、汽化、烟雾产生,术野清晰,便于连续操作。

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Nasal endoscopy combined with multiple radiofrequency for perennial allergic rhinitis

FANG Chao-xin, ZHEN Shao-shao



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Abstract

Abstract: Objective To evaluate the therapeutic effects of nasal endoscopic surgery combined with multiple radiofrequency in the treatment of perennial allergic rhinitis. Methods Sixty-three patients with perennial allergic rhinitis whose symptoms failed to be controlled by medication received nasal endoscopic surgery for submucous resection of the nasal septum combined with radiofrequency ablation of the bilateral sphenopalatine foramen, anterior ethmoidal nerve and inferior nasal concha. Result One month after operation, the rate of excellent recovery was 92.1% (58/63), efficacy rate of 7.9% (5/63), and total efficacy rate of 100%, which was 88.9% (56/63), 7.9% (5/63), and 96.8% (61/63) 1 year after operation, respectively, with 2 patients (3.2%) of the patients failed to respond to the treatment. Two years after the operation, the excellent rate, efficacy rate, and total effective rate was 82.6% (52/63), 12.7% (8/63), and 95.2% (60/63), respectively, with 3 patients failed to obtain good recovery. Conclusion Nasal endoscope combined with radio frequency may achieve good therapeutic effects on perennial allergic rhinitis with less adverse effects.

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变应性鼻炎是鼻部I型变态反应性疾病, 发病率逐年上升, 其发病机制极其复杂, 涉及大量的细胞因子和炎症介质, 是多因素, 多环节的共同作用. 目前人们在卫生假说, Th1 ...

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在探讨变应性鼻炎发病机制中, 神经与免疫的相互作用一直是研究的热点, 尤其体现在神经肽(NP)与肥大细胞(MC)之间的交互作用. 二者不仅在形态结构上有密切联系; ...

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APPENDIX FANG07

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I, Roger Lopez, pursuant to 28 U.S.C. § 1746 and 37 C.F.R. § 1.68, hereby declare as follows:

1. I am a Translator for Morningside Translations.
2. I submit this declaration to certify the accuracy of the English translation of a printout of the webpage <https://www.j-smu.com/CN/Y2005/V25/I07/876>.
3. I am qualified to perform Chinese to English translations and certify the accuracy of Chinese to English translations.
4. My statements are based on personal knowledge and my review of the printout of the webpage <https://www.j-smu.com/CN/Y2005/V25/I07/876> and its Chinese to English translation. If called as a witness about the facts contained in these statements, I could testify competently based on such personal knowledge and the investigation I have conducted.
5. Attached as **Exhibit A** is a true and accurate copy of the printout of the webpage <https://www.j-smu.com/CN/Y2005/V25/I07/876>.
6. Attached as **Exhibit B** is a true and accurate copy of an English translation of the printout of the webpage <https://www.j-smu.com/CN/Y2005/V25/I07/876> (hereinafter, "Webpage Translation"), which I prepared based on Exhibit A and my personal knowledge of the Chinese and English languages.
7. Webpage Translation is a true and accurate translation of the printout of the webpage <https://www.j-smu.com/CN/Y2005/V25/I07/876> from Chinese to English.
8. All statements made herein of my own knowledge are true, and all statements made on information and belief are believed to be true.

9. I have been warned and am aware that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001.

10. I understand that by submitting this declaration I may be asked to appear for a deposition asking me questions limited to the material in my declaration. With my signature below, I agree to make reasonable efforts to make myself available for such a deposition at a reasonable place and time.

* * *

I declare under the penalty of perjury that the foregoing is true and correct. Executed on

7/1/2024 in Missouri.

Roger Lopez
Roger Lopez

Exhibit A



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鼻内镜手术结合鼻腔多部位射频技术治疗常年性变应性鼻炎

方朝新, 甄少少 ▾

开平市中心医院耳鼻咽喉科, 广东, 开平, 529300

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Nasal endoscopy combined with multiple radiofrequency for perennial allergic rhinitis

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开平市中心医院耳鼻咽喉科, 广东, 开平, 529300

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摘要/Abstract

摘要: **目的** 探讨鼻内镜手术结合射频技术治疗常年性变应性鼻炎疗效。**方法** 对63例药物治疗不能控制症状的常年性变应性鼻炎,采用鼻内镜行鼻中隔粘膜下矫正术,射频点射两侧蝶腭孔和筛前神经及下鼻甲。**结果** 术后1个月:显效92.1%(58/63),有效7.9%(5/63),总有效率100%;术后1年:显效88.9%(56/63),有效7.9%(5/63),无效3.2%(2/63),总有效率96.8%(61/63);术后2年:显效82.6%(52/63),有效12.7%(8/63),无效4.8%(3/63),总有效率95.2%(60/63)。与单纯行鼻中隔粘膜下矫正术对照组比较,术后1年、2年总有效率(显效+有效 $P<0.01$)显著提高,均有统计学意义。**结论** 鼻内镜手术结合加射频技术治疗常年性变应性鼻炎,具有术区定位准确,疗效好,副作用少等优点。

Abstract: Objective To evaluate the therapeutic effects of nasal endoscopic surgery combined with multiple radiofrequency in the treatment of perennial allergic rhinitis. **Methods** Sixty-three patients with perennial allergic rhinitis whose symptoms failed to be controlled by medication received nasal endoscopic surgery for submucous resection of the nasal septum combined with radiofrequency ablation of the bilateral sphenopalatine foramen,anterior ethmoidal nerve and inferior nasal concha. **Result** One month after operation,the rate of excellent recovery was 92.1% (58/63),efficacy rate of 7.9% (5/63),and total efficacy rate of 100%,which was 88.9%(56/63),7.9%(5/63),and 96.8% (61/63) 1 year after operation,respectively,with 2 patients (3.2%) of the patients failed to respond to the treatment.Two years after the operation,the excellent rate,efficacy rate,and total effective rate was 82.6%(52/63),12.7%(8/63),and 95.2% (60/63),respectively,with 3 patients failed to obtain good recovery. **Conclusion** Nasal endoscope combined with radio frequency may achieve good therapeutic effects on perennial allergic rhinitis with less adverse effects.

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Nasal endoscopy combined with multiple radiofrequency for perennial allergic rhinitis

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APPENDIX FANG08

DECLARATION OF ROGER LOPEZ

I, Roger Lopez, pursuant to 28 U.S.C. § 1746 and 37 C.F.R. § 1.68, hereby declare as follows:

1. I am a Translator for Morningside Translations.
2. I submit this declaration to certify the accuracy of the English translation of a printout of the webpage https://www.j-smu.com/CN/volumn/volumn_185.shtml.
3. I am qualified to perform Chinese to English translations and certify the accuracy of Chinese to English translations.
4. My statements are based on personal knowledge and my review of the printout of the webpage https://www.j-smu.com/CN/volumn/volumn_185.shtml and its Chinese to English translation. If called as a witness about the facts contained in these statements, I could testify competently based on such personal knowledge and the investigation I have conducted.
5. Attached as **Exhibit A** is a true and accurate copy of the printout of the webpage https://www.j-smu.com/CN/volumn/volumn_185.shtml.
6. Attached as **Exhibit B** is a true and accurate copy of an English translation of the printout of the webpage https://www.j-smu.com/CN/volumn/volumn_185.shtml (hereinafter, "Webpage Translation"), which I prepared based on Exhibit A and my personal knowledge of the Chinese and English languages.
7. Webpage Translation is a true and accurate translation of the printout of the webpage https://www.j-smu.com/CN/volumn/volumn_185.shtml from Chinese to English.
8. All statements made herein of my own knowledge are true, and all statements made on information and belief are believed to be true.

9. I have been warned and am aware that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001.

10. I understand that by submitting this declaration I may be asked to appear for a deposition asking me questions limited to the material in my declaration. With my signature below, I agree to make reasonable efforts to make myself available for such a deposition at a reasonable place and time.

* * *

I declare under the penalty of perjury that the foregoing is true and correct. Executed on

7/1/2024 in Missouri.

Roger Lopez

Roger Lopez

Exhibit A



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