Introduction
Reaching old age is one of the most important achievements of the last century. Iran is one of the countries whose older adult population is increasing rapidly.[1] Older adults comprised 10% of Iran's population in 2019 and are predicted to reach 20% by 2041.[2]

Abstract
Background: Iran is among the countries whose older adult population is increasing rapidly. The social dimension of health in older adults affects their other existential dimensions. Social participation is a key determinant of health for older adults. This study aimed to explore the process of social participation among community-dwelling older adults. Methods: This is a qualitative study with the grounded theory approach. The study population consisted of eligible community-dwelling older adults. The participants were initially selected by purposeful sampling. Data were collected through semi-structured interviews. The time and place of the interviews were arranged in discussion with the participants in advance. Lincoln and Guba’s criteria were used to assess the scientific accuracy and validity of the study. The university ethics committee issued the ethics code for the study. Data were analyzed using Corbin and Strauss approach. Result: The results of interviews with 15 participants, in this study, led to the emergence of 12 main categories and 32 subcategories with the core concept of "older adults' desire to stay active". Social participation of older adults was a concept clarified with the efforts of older adults to stay active in the community. Categories are fully described in the manuscript. Conclusion: Staying active is one of the main concerns regarding the concept of older adults' social participation. The existence of conducive underlying factors, such as a participation-seeking older adult, family, and society, assists in the development of social participation at various levels and multiple forms among older adults.

Keywords: Elderly, grounded theory, older adult, social participation

Introduction
The social dimension of health is particularly important for older adults.[3,4] Social participation is one of the key concepts related to positive aging.[5] Social participation as one of the determinants of positive aging is so clear that the WHO statements emphasize planning for the development of social participation of older adults.[6] Furthermore, one of the six goals mentioned in Iran's National Aging Document is to empower older adults, and plan for the development of their social participation.[7]

Social participation is a set of social activities performed voluntarily by an individual to interact with others in the community. These activities include participation in sports,
recreation, cultural programs, and neighborhood associations.\textsuperscript{[11,12]} Levasseur,\textsuperscript{[29]} suggested that older adults’ social participation is a distinct gradual action and, therefore, they laid out six levels of social interaction for older adults\textsuperscript{[8]}: performing an activity in preparation for connecting with others,\textsuperscript{[2]} being with others,\textsuperscript{[1]} interacting with others without performing a specific activity with them,\textsuperscript{[1]} performing an activity with others,\textsuperscript{[1]} helping others, and\textsuperscript{[9]} contributing to the society. So, it is a broader concept than simply participation and includes the variety of individual and group interactions that take place at different levels.\textsuperscript{[13]}

Despite the key role played by social participation in the positive aging of older adults and its positive impact on various aspects of health, including reducing mortality,\textsuperscript{[12,14,15]} maintaining daily activities,\textsuperscript{[16,17]} improving cognitive function,\textsuperscript{[18–20]} improving quality of life,\textsuperscript{[21]} and preventing depression,\textsuperscript{[22,23]} the process of social participation and its importance is not clear in older adults.\textsuperscript{[24–26]} Review of the literature shows no consensus on the process of social participation in older adults.\textsuperscript{[10,11,26–29]} Due to these ambiguities, studies on social participation and health in older adults are often not explicitly focus on the concept of “social participation”,\textsuperscript{[29,30]} which is usually considered synonymous with concepts such as social activity, social networks, social capital, and participation.\textsuperscript{[26,31]} Relevant studies have mostly examined the relationships among components of health and some social activities that are elements of social participation, such as group exercising, religious rituals, and voluntary work.\textsuperscript{[10,32]}

In a similar vein, most relevant studies conducted in Iran have also mainly used the quantitative approach to determine the impact of social participation on various health indicators, while they have failed to clarify the definition, structure, and nature of social participation.\textsuperscript{[28,33]} Few qualitative studies in this field have tried to clarify the hidden aspects of the concept of social participation in older adults. Hong et al.\textsuperscript{[34]} stated that social participation in older adults can be defined in a continuum, including family activities, leisure activities, and multifaceted activities in the community. Awe et al.\textsuperscript{[35]} showed that social participation is influenced by environmental and cultural factors in the community, which can vary in a continuum from maintaining marginal communication to managing social activity in the community. Ramachandran et al.\textsuperscript{[36]} identified physical, social, and attitudinal barriers to older people’s activity in the community, which lead to the development of fear and limitation in their social activity.

Since every society has its own specific cultural context, which impacts the process and type of social participation, it is necessary to examine and explore the process of social participation in older adults based on the context in which the individual lives. Clarifying the process of social participation in older adults while eliminating the shortcomings of previous studies can help managers working in the field of promoting older adults’ health implement programs towards promoting older adults’ social participation by creating a common understanding.\textsuperscript{[29,37–40]} This study aimed to explore the process of social participation among community-dwelling older adults.

### Methods

This is a qualitative study with the grounded theory approach to explore the process of social participation among community-dwelling older adults. In contrast to the predetermined structures in quantitative studies\textsuperscript{[41–43]} the evolutionary and dynamic nature of qualitative approaches helps the researcher explore the different dimensions of the phenomenon through individuals who have experienced it. According to Corbin and Strauss\textsuperscript{[44]}, a phenomenon must be examined in the context in which it is experienced in order to be fully understood, as it is impossible to separate any phenomenon from its sociocultural framework. Social participation in older adults is a unique contextual event, which has not been studied in Iran based on the existing sociocultural context. This study used the grounded theory approach to discover the nature of the phenomenon in its natural context along with the structure, process, and determinants of its formation.\textsuperscript{[41,42]}

The study population consisted of community-dwelling older adults in Isfahan, Iran, who met the following inclusion criteria: age over 60 years, willingness to participate in the study, physical and mental ability to participate in social activities in various forms and levels, and the ability to communicate effectively and logically with others. Collecting the right data in grounded theory studies heavily depends on the selection of appropriate participants. Participants should have sufficient experience about the phenomenon under study and be willing to share their experiences.\textsuperscript{[44]} Thus, the researchers initially used purposeful sampling to select participants from the population of older adults who had a history of participation in social activities. In order to have maximum diversity in sampling, participants were selected according to the social participation levels proposed by Levasseur\textsuperscript{[29]} with different ages, sex, and socioeconomic status. After that some participants were selected by theoretical sampling based on the extracted codes and the evolving categories and concepts and their relation. Data were collected through in-depth semi-structured interviews. The interview sessions were often held at participants’ homes or parks, at their request. Each interview lasted 30–45 minutes, depending on the participant’s willingness to share their experiences. In some cases, an additional interview session was required, which was arranged at the end of the first session. Before beginning the interviews, informed consent was obtained from every participant. All interviews were recorded and then transcribed word to word. The interview started with the first author (PhD candidate-female) with general open-ended questions, such as: “What activities do you perform during the day?” Then, according to the participant’s answers and after establishing proper communication with them and ensuring they felt comfortable, additional questions were asked, such as: “why you evaluate yourself as an active person in the community? What activities do you perform in the community?” These questions were also open-ended and were customized based on participants’ answers, and the interviews ended whenever the participants wanted them to end.\textsuperscript{[45]} The interviews continued until the data obtained from the participants no longer led to
Data were analyzed using the Corbin and Strauss approach. Open coding, developing concepts in terms of their properties and dimensions, analyzing data for context, bringing the process into the analysis, and integrating the categories were performed in this approach. Open coding was performed by reading interview transcripts sentence by sentence to determine the concepts by first and second authors. Axial coding was then performed to categorize the extracted codes that had common concepts. The main categories were formed by merging subcategories with similar concepts. Constant comparison was performed at all stages of the analysis. Memo writing was always used as one of the main techniques in the analysis of the present study. Lincoln and Guba’s criteria were used to assess the scientific rigor of the study. Researchers’ prolonged engagement with the data, allocating sufficient time to data collection, and member checks were followed to confirm the validity of data. Transcripts and codes were reviewed and approved by the research team, who had experience in qualitative research in geriatrics and psychiatry fields. As well as, other methods such as, an external check was used to ensure data credibility. All the steps of the research were clearly described and recorded in detail from beginning to end. Transferability was assured by covering participants’ experiences at different levels of participation and selecting participants with different demographic characteristics. This study obtained an ethics code (IR.USWR.REC.1398.081) from the Ethics Committee of the University of Social Welfare and Rehabilitation Sciences.

Findings

A total of 15 participants were interviewed in this study, and they were selected with the aim of achieving maximum diversity in terms of age range, gender, occupation, and education so as to obtain a wealth of information about their social participation experiences [Table 1]. The analysis of the interviews led to the emergence of 12 main categories and 33 subcategories [Table 2], which will be explained below. Sample statements made by the participants and the subcategories are presented in the relevant tables and diagrams. Given the nature of the analyzed concepts, the findings were categorized into three groups, including contextual concepts, strategies related to social participation, and the outcomes of social participation in older adults [Table 2].

The main categories extracted for the contextual factors include participation-seeking older adults, participation-nurturing family, and community capacity for social participation. The interaction among these three categories can be either a facilitator of or a barrier to social participation depending on whether or not the conditions are conducive. Table 2 explains the subcategories related to these categories along with sample participant statements.

The following strategies were used by older adults to participate in the community: “Interpersonal communication”, “active participation in social affairs”, “dissemination of appropriate behavioral role models in the community”, “acting as the authority”, “trying to help others”, and “trying to be productive”. Table 3 explains the subcategories related to these categories along with sample participant statements. Influenced by the existing contextual conditions, all these behaviors started at different levels from trying to develop interpersonal communication and continued with more extensive activities, such as being productive in the community. Different people present distinct degrees and levels of participation in social activities. The results of the analysis showed that older adults engage in social activities at different levels based on their abilities and willingness when they are provided with the opportunity and when the contextual conditions are conducive to social participation [Table 3]. Furthermore, social participation among older adults leads to improvement in quality of life, self-actualization, and development of older adults’ social personalities. Table 4 explains

| Row | Gender | Age | Marital status | Occupation | Education |
|-----|--------|-----|----------------|------------|-----------|
| 1   | Male   | 67  | Married        | Retired    | High school diploma |
| 2   | Female | 66  | Married        | Retired    | Bachelor's degree |
| 3   | Male   | 63  | Married        | Chancellor of Farhangian University | PhD |
| 4   | Male   | 62  | Married        | State employee - Ministry of Education | PhD |
| 5   | Male   | 65  | Married        | Retired    | Elementary school |
| 6   | Male   | 75  | Married        | Retired    | Bachelor's degree |
| 7   | Female | 81  | Widowed        | Housewife  | Illiterate |
| 8   | Male   | 71  | Married        | Retired    | Elementary school |
| 9   | Female | 65  | Single         | House wife | Elementary school |
| 10  | Male   | 68  | Married        | Real estate | High school diploma |
| 11  | Male   | 72  | Married        | Retired    | Bachelor's degree |
| 12  | Female | 65  | Widowed        | House wife | Middle school |
| 13  | Female | 76  | Widowed        | House wife | Elementary school |
| 14  | Female | 66  | Widowed        | Tailor     | Middle school |
| 15  | Male   | 78  | Married        | Retired    | High school diploma |
the subcategories related to these categories along with sample participant statements [Table 4].

**Core category**

According to the data analysis, all the activities that older adults perform toward social participation are explicitly or implicitly associated with “maintaining and developing dynamism”, and as a concept, older adults’ dynamism or livelihood is, directly and indirectly, manifested in all the extracted categories. Therefore, in this study, the concept of older adults’ social participation was explored as a set of activities performed by older adults to remain active in the community [Diagram 1]. A 75-year-old male participant said: “I should be within the community and among people in order to live and survive”. A 66-year-old female participant also said, “If I’m separated from the people and have no contact with others, I’ll gradually lose my spirit, like stagnant water that stays put in one place and gets rotten”.

**Social participation process among community-dwelling older adults**

The analysis of the data and the extraction of categories helped explore the process of social participation among community-dwelling older adults. The theory of “maintaining older adults’ dynamism” emerged in this study following the exploration of the process of social participation. Social participation in older adults includes efforts to maintain dynamism and liveliness. The core concept in this theory about the social participation of community-dwelling older adults is “the tendency to remain dynamic”, which was defined as follows: (1) trying to actively participate in social affairs, (2) trying to offer and follow behavioral role models in the community, (4) acting as the authority by transferring experiences, (5) trying to help others, and (6) trying to be productive in the community, with the main focus on maintaining older adults’ activity and dynamism [Diagram 1].

“Maintaining older adults’ dynamism” is a process influenced by context. The existence of a conducive context includes an older adult having a participation-seeking personality, the support and approval of others and the family, and the availability of appropriate means for social activities, which can lead older adults to participate in social activities at higher levels. Older adults’ engagement in social activities can ultimately convert into social participation at various levels and ultimately lead to their improved quality of life, self-actualization, and personality development.

**Discussion**

Exploring the process of social participation among community-dwelling older adults led to the emergence of the theory of maintaining dynamism in older adults. This theory shows that personal, family, and social factors are all involved in maintaining dynamism in older adults. Older adults participate in social activities by establishing interpersonal communication, actively participating in social affairs, offering and following behavioral role models, acting as the authority, helping others, and being productive in the community. Older adults’ social participation improves their quality of life and leads to the development of their personalities.

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**Table 2: Derived categories with a sample of participants’ statements in contextual factors**

| Main categories                  | Subcategories                          | Sample statement                                                                 |
|----------------------------------|----------------------------------------|----------------------------------------------------------------------------------|
| Participation-seeking older adults | Personality traits of older adults     | 66-year-old female: “I’m by nature a person who can’t stay quiet in one place. I like to always be among other people.” |
|                                  | Religious beliefs of older adults       | 78-year-old male: “God has advised us to keep in touch with one another and devote time to catching up with our relatives. We advised to help others and consult with people.” |
|                                  | General health of older adults          | 76-year-old female: “My physical ailments, such as my back, do not allow me to participate in social activity.” |
|                                  | Socioeconomic characteristics of older adults | 65-year-old male: “I’ve got to be financially well off to be able to go out in the community. I should have at least some sort of income or savings so that I have the peace of mind to do what I love”. |
| Participation-nurturing family   | Family approval and support for older adults’ social participation | 76-year-old female: “Sometimes, my children do not allow me to participate in our neighborhood events under various pretexts, such as fear of me falling down and getting injured, and this makes me really depressed”. |
|                                  | The older adult’s upbringing            | 66-year-old female: “We’ve always held public ceremonies on religious or other occasions at our house since we were kids. We’re used to living among the people all the time.” |
| Community capacity for the social participation of older adults | The older adult’s social trust | 78-year-old male: “I prefer to participate in social programs in our own neighborhood. I am confident and feel more comfortable this way”. |
|                                  | Culture of trust in older adults        | 72-year-old male: “When I joke with younger people in the family, my wife tells me ‘There’s no fool like an old fool!’” |
|                                  | Environmental facilities                | 77-year-old male: “Because of my enlarged prostate, I’m always worried about that and distressed when leaving home”. |
|                                  | Social support                         | 68-year-old male: “I’d love to do something, but I don’t know what I can do and there’s no one to guide me either”. |
|                                  | Communication through virtual networks  | 65-year-old female: “By joining virtual groups, I learned to make decorative items at home with recycled materials and I got very excited”. |
Table 3: Derived categories with a sample of participants’ statements in Strategy/action-reaction

| Main categories                                      | Subcategories                                      | Sample statement                                                                                                                                                                                                 |
|------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Establishing active interpersonal and social communication | Strengthening communication within the family       | 72-year-old male: “We have weekly family reunions among us”. 63-year-old male: “I can communicate better with people in my own profession. It seems like we understand each other better”.                                   |
|                                                      | Maintaining and developing professional communication |                                                                                                       |
|                                                      | Communication in groups with shared interests       | 66-year-old female: “I join groups that share my interests, I even feel more comfortable around younger people in these groups”.                                                                                       |
|                                                      | Communication through virtual networks              | 65-year-old female: “By joining virtual groups, I learned to make decorative items at home with recycled materials and I got very excited”.                                                                       |
| Active participation in social affairs in the community | Planning for social activities                      | 68-year-old “We plan one-day camps or religious celebrations or mourning ceremonies and the like with my friends”.                                                                                                    |
|                                                      | Leading local activities                            | 72-year-old male: “I voluntarily take charge of the occasional events held in the neighborhood mosque. I don’t have to do this, but I love it, I can do it, and others trust me with it”.                               |
|                                                      | Coordination of local activities                    | 66-year-old female: “I take advantage of being trusted by my friends and try to coordinate group activities such as walking and reunions and even charitable work with others over the phone”.                             |
| Dissemination of behavioral role models in the community | Participating in decision-making in the neighborhood | 71-year-old male: “I always like to participate in meetings and try to share my experiences with others as best as I can to make any situation better”.                                                        |
|                                                      | Playing the role of a good citizen                  | 66-year-old male: “I always tried to pay municipal taxes on time. 67-year-old male: “I try to be a role model for the younger ones by respecting the rules of the neighborhood. In any case, when I respect the rules as a senior, others will follow”. |
|                                                      | Law-abidance                                        |                                                                                                       |
| Acting as the authority and arbitrating by transferring experiences | Transferring experiences and presenting as a role model | 71-year-old male: “I have experiences that can be very helpful when I tell them”.                                                                         |
|                                                      | Conflict management                                 | 72-year-old male: “They trust me as the wise old man in the neighborhood. It’s usually me who mediates in disputes and everybody trusts me”.                                                                    |
| Trying to help others                               | Supporting others                                   | 65-year-old female: “When I take care of my grandchildren, I feel that I’m very helpful to them, and this gives me energy. 75-year-old male: “Participating in charity events and helping the needy is also satisfying for me”. |
|                                                      | Engaging in altruistic activities                   |                                                                                                       |
| Trying to be productive in the community             | Creativity in social activities                     | 66-year-old female: “Once we’d gone with some friends to collect garbage in the nature, it suddenly occurred to me that we could do many interesting things with these recycled items. I suggested it to my friends and we made some very interesting things with the same recycled materials”. |
|                                                      | Risk management in group activities                 | 65-year-old male: “I’ve been a risk-taking person since I was young. New suggestions, even at this age, are always tempting to me and worth trying”.                                                             |

Table 4: Derived categories with a sample of participants’ statements in outcomes

| Main categories                                      | Subcategories                                      | Sample statement                                                                                                                                                                                                 |
|------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Improving older adults’ quality of life              | Promoting physical health                          | 75-year-old male: “As long as I’m busy with other people, I don’t feel discomfort and fatigue, but alas, when I have to stay home for any reason, I experience all kinds of problems”. 65-year-old female: “I feel valued as I work in the charity group with other people. Life has taken on a new meaning for me”. |
|                                                      | Psychological well-being                           | 65-year-old female: “I feel valued as I work in the charity group with other people. Life has taken on a new meaning for me”.                                                                                       |
|                                                      | Improving adaptation and compatibility             | 63-year-old male: “Participating in group activities with different people improves your patience. This way, I can communicate better with my family at home”.                                                                           |
| Self-actualization of older adults                   | Meaningful life                                    | 62-year-old male: “I have a plan for each day and I think about what I have to do tomorrow before going to bed and I’m very happy about this. Having no plans is really boring and frustrating”. |
|                                                      | Increased life expectancy                          | 71-year-old male: “I feel very good that, at this age, I’m not like a disabled person sitting at home, and that I’m so busy doing my favorite things during the day that I don’t realize how my day comes to an end”. |
| Personality development of older adults              | Securing a social identity                         | 68-year-old male: “Now, after years of participating in group events, I realize that my presence is necessary for those around me and the people in my neighborhood. I’m happy that if one day I can’t participate in the activities, everyone will ask after my health”. |
|                                                      | Promoting social commitment                        | 77-year-old male: “The issues of the community and what happens around me in our neighborhood are very important to me. I’m a member of this community and can be effective in my own rights”. |

Journal of Family Medicine and Primary Care 2315 Volume 11 : Issue 6 : June 2022
Amini, et al.: Social participation among Iranian community-dwelling older adults

The findings showed that older adults’ social participation is primarily linked to their own personal-participation-seeking tendencies, which are determined by certain personal, social, religious, and general health qualities. In support of this finding, Jaiswal et al. [3] examined the facilitators of and barriers to social participation in older adults with sensory disorders and showed that personal factors such as the older adult’s experience and perception of social participation, along with their general health status, and degree of sensory disorder and disability, are among the determinants of social participation. In this regard, Mike et al. [4] showed that the individual’s employment status, social status, and personality traits, e.g., having an extrovert-type personality, can play a motivating role in the development of social activities in old age and after retirement, when they have more free time.

Family conditions and support are also determinants of older adults’ social participation. Participation-seeking older adults need the help, approval, and support of the family to develop social partnerships. Consistent with these findings, Andonian et al. [5] showed that family support plays a key role in older adults’ social participation by developing a sense of belonging in them. In addition to emphasizing the role of the family in social participation, Ponce et al. [6] also suggested that the chances of older adults’ social participation increase significantly when other household members are also involved in social affairs.

One of the contextual factors derived in the present study was the community capacity for the social participation of older adults. The existing potentials in the community and the social support for older adults’ participation in social affairs can significantly impact their activity in this area. In line with this finding, Levasseur et al. [7] conducted a qualitative study to examine the social participation needs of older adults and ways to reduce their social isolation and reported that adapting to the physical environment and social support can boost their social participation. Other studies, such as the one by Goll et al. [8] have noted ageism as a barrier to social participation and have highlighted the role of the community in promoting older adults’ social participation. Increasing the community capacity for older adults’ social participation largely depends on the government’s performance and role in creating social trust. Sadeghi et al. [9] reported that governments play a key role in their citizens’ social participation by creating a sense of trust and security in them to actively participate in the community and ensuring that they receive support from the relevant organizations. Barghamadi et al. [10] also reported social trust at basic, interpersonal, and generalized levels as crucial for social participation and viewed it as the main pillar and determinant of social participation in Iranian society.

If the contextual factors are conducive, older adults will participate in social activities in various forms with a focus on maintaining and developing social activity in the community. These activities can be classified into a wide range of social functions. The present study identified the following categories: (1) development of interpersonal and communication activities, including communication within the family, professional communication, communication in groups with shared interests, and communication through virtual networks; (2) active participation in social affairs, including planning for social activities, leading social activities, and coordinating and participating in decision-making; (3) disseminating appropriate behavioral role models through efforts to play the role of a good citizen and law-abidance; (4) acting as the authority by transferring experiences and managing conflicts in groups; (5) helping others by supporting them and participating in altruistic activities; and (6) being productive, including showing creativity in developing social activities and managing risks in group activities. Regarding the performance of older adults in social participation, Levasseur et al. [7] suggested that older adults’ social participation is a distinct gradual action and laid out six levels of social interaction for older adults. According to the present study, older adults’ tendency to maintain their activities covers a wide range of activities, from communicating with others to escaping loneliness to playing a productive role in society. Serrat et al. [11] classified the civil activities of older adults into individual and

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**Diagram 1: Process of social participation among community-dwelling older adults**
group forms, and showed that these activities can vary depending on financial assistance and individual support to participation in voluntary group activities.

Regarding the outcomes of social participation in older adults, this study showed that various types of social participation in older adults lead not only to physical health but also to social well-being by creating a sense of vitality and meaningfulness in life. The main outcomes of older adults’ social participation were self-actualization, improved quality of life, and social personality development. Confirming these results, Levassuer et al. suggested that social participation is associated with quality-of-life improvement in older adults. Furthermore, Clement et al. showed the positive impact of social participation in older adults on their psychosocial well-being, satisfaction with life, and self-confidence.

**Conclusion**

This study explored the process of social participation among community-dwelling older adults and presented a conceptual framework for older adults’ social participation. It also clarified the underlying factors affecting social participation, the types of actions and reactions shown by older adults in the form of social participation, and their outcomes. The results showed that individuals voluntarily participate in social affairs based on contextual determinants at various levels. The findings of this study can help geriatric health policymakers, and planners improve the facilitators of social participation and remove barriers to promoting social participation in older adults, which is one of the common recommendations in various global statements. The results of this study can be a guide for further studies in this field. Since this study has shed light on the process of social participation and designed a conceptual framework for social participation among older adults, the authors recommend future studies toward designing an operational and prescriptive model for promoting social participation in older adults based on the derived concepts.

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**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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**Conflicts of interest**

There are no conflicts of interest.

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