Prashanthi N Thota

List of Publications by Year in descending order

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107 papers

1,883 citations

23 h-index 355658 38 g-index

108 all docs

108 docs citations

108 times ranked

2260 citing authors

#	Article	IF	CITATIONS
1	Clinical Risk Prediction Model for Neoadjuvant Therapy in Resectable Esophageal Adenocarcinoma. Journal of Clinical Gastroenterology, 2022, 56, 125-132.	1.1	2
2	Minimally Invasive "3-Stitch―Modification of the Dor Fundoplication: Simple and Effective. Annals of Thoracic Surgery, 2022, 113, 225-229.	0.7	2
3	Peroral endoscopic myotomy provides effective palliation in type III achalasia. Journal of Thoracic and Cardiovascular Surgery, 2022, 163, 512-519.e1.	0.4	14
4	Wide-area transepithelial sampling for dysplasia detection in Barrett's esophagus: a systematic review and meta-analysis. Gastrointestinal Endoscopy, 2022, 95, 51-59.e7.	0.5	21
5	Prediction of Neoplastic Progression in Barrett's Esophagus Using Nanoscale Nuclear Architecture Mapping: A Pilot Study. Gastrointestinal Endoscopy, 2022, , .	0.5	O
6	Pneumatic dilation for esophageal achalasia: patient selection and perspectives. Scandinavian Journal of Gastroenterology, 2022, , 1-10.	0.6	0
7	Management of nondysplastic Barrett's esophagus: When to survey? When to ablate?. Therapeutic Advances in Chronic Disease, 2022, 13, 204062232210867.	1.1	1
8	Anti-reflux mucosectomy for refractory gastroesophageal reflux disease: a systematic review and meta-analysis. Endoscopy International Open, 2022, 10, E854-E864.	0.9	11
9	Peroral endoscopic myotomy is highly effective for achalasia patients with recurrent symptoms after pneumatic dilatation. Surgical Endoscopy and Other Interventional Techniques, 2021, 35, 2965-2975.	1.3	4
10	Trends and risk factors for 30-day readmissions in patients with acute cholangitis: analysis from the national readmission database. Surgical Endoscopy and Other Interventional Techniques, 2021, 35, 223-231.	1,3	14
11	Changes in esophageal physiology after paraesophageal hernia repair and Collis gastroplasty. Esophagus, 2021, 18, 339-345.	1.0	5
12	Clinical Success and Correlation of Eckardt Scores with Barium Esophagram After Peroral Endoscopic Myotomy in Achalasia. Journal of Gastrointestinal Surgery, 2021, 25, 278-281.	0.9	5
13	Higher risk of neoplastic progression of Barrett's esophagus in patients with systemic sclerosis. Gastroenterology Report, 2021, 9, 595-596.	0.6	1
14	Post-ablation buried neoplasia in Barrett's esophagus. Scandinavian Journal of Gastroenterology, 2021, 56, 624-628.	0.6	1
15	Peroral endoscopic myotomy is equally safe and highly effective treatment option in achalasia patients with both lower and higher ASA classification status. Esophagus, 2021, 18, 932-940.	1.0	O
16	Allaying uncertainty in diagnosing buried Barrett's esophagus. Annals of Diagnostic Pathology, 2021, 51, 151672.	0.6	1
17	Massively Parallel Sequencing of Esophageal Brushings Enables an Aneuploidy-Based Classification of Patients With Barrett's Esophagus. Gastroenterology, 2021, 160, 2043-2054.e2.	0.6	17
18	Chemoprevention in Barrett's esophagus and esophageal adenocarcinoma. Therapeutic Advances in Gastroenterology, 2021, 14, 175628482110337.	1.4	5

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19	Low Risk of Progression of Barrett's Esophagus to Neoplasia in Women. Journal of Clinical Gastroenterology, 2021, 55, 321-326.	1.1	11
20	The Incidence of Endoscopic Retrograde Cholangiopancreatography-Related Complications in Patients With Liver Transplant: A Meta-Analysis and Systematic Review. Gastroenterology Research, 2021, 14, 259-267.	0.4	1
21	Clinical Predictors of Locally Advanced Pathology in Esophageal Adenocarcinoma. Cureus, 2021, 13, e18991.	0.2	0
22	Proposal of high-risk adenoma detection rate as an impactful, complementary quality indicator of colonoscopy. Surgical Endoscopy and Other Interventional Techniques, 2020, 34, 325-331.	1.3	1
23	Esophageal dysmotility and other preoperative factors associated with acid suppressive therapy after fundoplication. Scandinavian Journal of Gastroenterology, 2020, 55, 1-8.	0.6	4
24	Clinical Outcomes Based on the Timing of Appearance of Visible Lesions in Barrett's Esophagus During Endoscopic Eradication Therapy. Journal of Clinical Gastroenterology, 2020, 54, 144-149.	1.1	0
25	<p>Peroral Endoscopic Myotomy as a Novel Treatment for Achalasia: Patient Selection and Perspectives</p> . Clinical and Experimental Gastroenterology, 2020, Volume 13, 485-495.	1.0	5
26	Peroral endoscopic myotomy is a safe and effective treatment modality for geriatric patients with achalasia. Esophagus, 2020, 17, 484-491.	1.0	9
27	Indications, contraindications and limitations of endoscopic therapy for Barrett's esophagus and early esophageal adenocarcinoma. Therapeutic Advances in Gastroenterology, 2020, 13, 175628482092420.	1.4	7
28	Independent Blinded Validation of a Tissue Systems Pathology Test to Predict Progression in Patients With Barrett's Esophagus. American Journal of Gastroenterology, 2020, 115, 843-852.	0.2	34
29	Quality of Colonoscopy: A Comparison Between Gastroenterologists and Nongastroenterologists. Diseases of the Colon and Rectum, 2020, 63, 980-987.	0.7	12
30	Pyloroplasty and the risk of Barrett's esophagus in patients with gastroparesis. Ecological Management and Restoration, 2020, 33, .	0.2	4
31	Peroral Pyloromytomy is Effective and Safe for Postsurgical Gastroparesis. Journal of Gastrointestinal Surgery, 2020, 24, 1417-1420.	0.9	12
32	National trends in healthcare outcomes and utilization of endoscopic and surgical interventions in patients hospitalized with esophageal foreign body and food impaction. Ecological Management and Restoration, 2020, 33, .	0.2	2
33	Small Intestinal Bacterial Overgrowth Is Associated with Non-Alcoholic Fatty Liver Disease. Journal of Gastrointestinal and Liver Diseases, 2020, 25, 159-165.	0.5	60
34	GERD: A practical approach. Cleveland Clinic Journal of Medicine, 2020, 87, 223-230.	0.6	23
35	Recent advances in third space or intramural endoscopy. World Journal of Gastrointestinal Endoscopy, 2020, 12, 521-531.	0.4	3
36	A Curious Case of Bloody Diarrhea. American Journal of the Medical Sciences, 2020, 360, 312.	0.4	0

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37	Lower Annual Rate of Progression of Short-Segment vs Long-Segment Barrett's Esophagus to Esophageal Adenocarcinoma. Clinical Gastroenterology and Hepatology, 2019, 17, 864-868.	2.4	51
38	Per oral endoscopic myotomy: Another tool in the toolbox. Journal of Thoracic and Cardiovascular Surgery, 2019, 158, 945-951.	0.4	12
39	Outcomes of endoscopic submucosal dissection in esophageal adenocarcinoma staged T1bN0 by endoscopic ultrasound in non-surgical patients. Journal of Gastrointestinal Oncology, 2019, 10, 362-366.	0.6	7
40	Barrett's esophagus: novel strategies for screening and surveillance. Therapeutic Advances in Chronic Disease, 2019, 10, 204062231983785.	1.1	29
41	Reintervention After Heller Myotomy forÂAchalasia: Is It Inevitable?. Annals of Thoracic Surgery, 2019, 107, 860-867.	0.7	14
42	Increasing prevalence of high-grade dysplasia and adenocarcinoma on index endoscopy in Barrett's esophagus over the past 2 decades: data from a multicenter U.S. consortium. Gastrointestinal Endoscopy, 2019, 89, 257-263.e3.	0.5	20
43	Peroral endoscopic myotomy leads to higher rates of abnormal esophageal acid exposure than laparoscopic Heller myotomy in achalasia. Surgical Endoscopy and Other Interventional Techniques, 2019, 33, 2284-2292.	1.3	57
44	Peroral Endoscopic Myotomy Is Effective for Patients With Achalasia and Normal Lower-Esophageal Sphincter Relaxation Pressures. Clinical Gastroenterology and Hepatology, 2019, 17, 2803-2805.	2.4	5
45	Is Mass Screening for Barrett's Esophagus a Myth or Reality?. Clinical Gastroenterology and Hepatology, 2019, 17, 610-612.	2.4	7
46	Hospital Utilization in Patients With Gastric Cancer and Factors Affecting In-Hospital Mortality, Length of Stay, and Costs. Journal of Clinical Gastroenterology, 2019, 53, e157-e163.	1.1	5
47	Current management of Barrett esophagus and esophageal adenocarcinoma. Cleveland Clinic Journal of Medicine, 2019, 86, 724-732.	0.6	10
48	Resection of early esophageal neoplasms: The pendulum swings from surgical to endoscopic management. World Journal of Gastrointestinal Endoscopy, 2019, 11, 491-503.	0.4	1
49	Endoscopic Treatments of GERD. Current Treatment Options in Gastroenterology, 2018, 16, 58-71.	0.3	11
50	Outcomes Associated With Timing of ERCP in Acute Cholangitis Secondary to Choledocholithiasis. Journal of Clinical Gastroenterology, 2018, 52, e97-e102.	1.1	33
51	Development and Validation of a Model to Determine Risk of Progression of Barrett's Esophagus to Neoplasia. Gastroenterology, 2018, 154, 1282-1289.e2.	0.6	107
52	Cryotherapy and Radiofrequency Ablation for Eradication of Barrett's Esophagus with Dysplasia or Intramucosal Cancer. Digestive Diseases and Sciences, 2018, 63, 1311-1319.	1.1	33
53	Value of routine timed barium esophagram follow-up in achalasia after myotomy. Journal of Thoracic and Cardiovascular Surgery, 2018, 156, 871-877.e2.	0.4	16
54	Temporal trends in utilization and outcomes of endoscopic retrograde cholangiopancreatography in acute cholangitis due to choledocholithiasis from 1998 to 2012. Surgical Endoscopy and Other Interventional Techniques, 2018, 32, 1740-1748.	1.3	13

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55	Metastatic lung adenocarcinoma presenting as diminutive colonic polyp. AME Case Reports, 2018, 2, 14-14.	0.2	О
56	Cryotherapy in the management of premalignant and malignant conditions of the esophagus. World Journal of Gastroenterology, 2018, 24, 4862-4869.	1.4	19
57	Role of endoscopic therapy in early esophageal cancer. World Journal of Gastroenterology, 2018, 24, 3965-3973.	1.4	26
58	Endoscopic therapy for Barrett's esophagus and early esophageal cancer: Where do we go from here?. World Journal of Gastrointestinal Endoscopy, 2018, 10, 165-174.	0.4	23
59	Factors predictive of gastroesophageal reflux disease and esophageal motility disorders in patients with non-cardiac chest pain. Scandinavian Journal of Gastroenterology, 2018, 53, 643-649.	0.6	11
60	Aspirin: the miracle drug?. Clinical and Translational Gastroenterology, 2018, 9, e153.	1.3	0
61	Gender, medication use and other factors associated with esophageal motility disorders in non-obstructive dysphagia. Gastroenterology Report, 2018, 6, 177-183.	0.6	13
62	Vitamin D in esophageal cancer: Is there a role for chemoprevention?. World Journal of Gastrointestinal Oncology, 2018, 10, 23-30.	0.8	10
63	Lack of incremental effect of histamine receptor antagonists over proton pump inhibitors on the risk of neoplastic progression in patients with <scp>B</scp> arrett's esophagus: a cohort study. Journal of Digestive Diseases, 2017, 18, 143-150.	0.7	8
64	Upper esophageal sphincter abnormalities and high-resolution esophageal manometry findings in patients with laryngopharyngeal reflux. Scandinavian Journal of Gastroenterology, 2017, 52, 816-821.	0.6	24
65	Synchronous or Metachronous OccurrenceÂof Lesions ofÂDifferent Histologic Types in Patients With Esophageal Cancer. Clinical Gastroenterology and Hepatology, 2017, 15, 780-781.	2.4	2
66	Low Risk of High-Grade Dysplasia or Esophageal Adenocarcinoma Among Patients With Barrett's Esophagus Less Than 1 cm (Irregular Z Line) Within 5 Years of Index Endoscopy. Gastroenterology, 2017, 152, 987-992.	0.6	54
67	Use of a Novel Submucosal Tunneling and Endoscopic Resection (STER) Technique for the Removal of an Esophageal Leiomyoma. American Journal of Gastroenterology, 2017, 112, 986.	0.2	1
68	Mo1130 Impact of Race, Timing of Colonoscopy and Fellow Participation on Sessile Serrated Adenoma Detection Rate (SSADR). Gastrointestinal Endoscopy, 2017, 85, AB440.	0.5	1
69	Tu1024 High-Risk Adenoma Detection Rate (Hradr): Varies by Race and Fellow Participation But Not by Timing of Colonoscopy. Gastrointestinal Endoscopy, 2017, 85, AB544.	0.5	1
70	Achalasia: current therapeutic options. Therapeutic Advances in Chronic Disease, 2017, 8, 101-108.	1.1	23
71	Correlation between endoscopic forceps biopsies and endoscopic mucosal resection with endoscopic ultrasound in patients with Barrett's esophagus with high-grade dysplasia and early cancer. Surgical Endoscopy and Other Interventional Techniques, 2017, 31, 1336-1341.	1.3	32
72	Proximal Sessile Serrated Adenomas Are More Prevalent in Caucasians, and Gastroenterologists Are Better Than Nongastroenterologists at Their Detection. Gastroenterology Research and Practice, 2017, 2017, 1-7.	0.7	13

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73	Genomic regions associated with susceptibility to Barrett's esophagus and esophageal adenocarcinoma in African Americans: The cross BETRNet admixture study. PLoS ONE, 2017, 12, e0184962.	1.1	6
74	Identification of a key role of widespread epigenetic drift in Barrett's esophagus and esophageal adenocarcinoma. Clinical Epigenetics, 2017, 9, 113.	1.8	19
75	Lymphocytic esophagitis: Still an enigma a decade later. World Journal of Gastroenterology, 2017, 23, 949.	1.4	29
76	A nonrandomized trial of vitamin D supplementation for Barrett's esophagus. PLoS ONE, 2017, 12, e0184928.	1.1	11
77	Changing Trends in Age, Gender, Racial Distribution and Inpatient Burden of Achalasia. Gastroenterology Research, 2017, 10, 70-77.	0.4	19
78	Healthcare utilization and costs associated with gastroparesis. World Journal of Gastroenterology, 2017, 23, 4428.	1.4	100
79	Risk of progression of Barrett's esophagus in patients with cirrhosis. World Journal of Gastroenterology, 2017, 23, 3287.	1.4	2
80	Long-term esophageal and respiratory outcomes in children with esophageal atresia and tracheoesophageal fistula. Gastroenterology Report, 2016, 4, gov055.	0.6	56
81	Two-Person Technique of Peroral Endoscopic Myotomy for Achalasia with an Advanced Endoscopist and a Thoracic Surgeon: Initial Experience. Canadian Journal of Gastroenterology and Hepatology, 2016, 2016, 1-6.	0.8	6
82	Expression of p53 predicts risk of prevalent and incident advanced neoplasia in patients with Barrett's esophagus and epithelial changes indefinite for dysplasia. Gastroenterology Report, 2016, 4, 304-309.	0.6	17
83	Risk factors for Barrett's esophagus. Journal of Digestive Diseases, 2016, 17, 215-221.	0.7	10
84	Creation of a second submucosal tunnel enabled successful per-oral endoscopic myotomy (POEM). Journal of Thoracic and Cardiovascular Surgery, 2016, 151, e101-e102.	0.4	3
85	Markers of Vitamin D Exposure and Esophageal Cancer Risk: A Systematic Review and Meta-analysis. Cancer Epidemiology Biomarkers and Prevention, 2016, 25, 877-886.	1.1	27
86	Association between small intestinal bacterial overgrowth and deep vein thrombosis. Gastroenterology Report, 2016, 4, gow004.	0.6	12
87	Healthcare utilization and costs associated with cholangiocarcinoma. Gastroenterology Report, 2016, 5, gow026.	0.6	10
88	Serum 25-Hydroxyvitamin D Levels and the Risk of Dysplasia and Esophageal Adenocarcinoma in Patients with Barrett's Esophagus. Digestive Diseases and Sciences, 2016, 61, 247-254.	1.1	8
89	Lymphocytic Esophagitis in Common Variable Immune Deficiency. American Journal of Gastroenterology, 2016, 111, 170-170.	0.2	9
90	Post-ablation lymphocytic esophagitis in Barrett esophagus with high grade dysplasia or intramucosal carcinoma. Modern Pathology, 2016, 29, 599-606.	2.9	20

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91	Efficacy of peroral endoscopic myotomy <i>vs</i> vother achalasia treatments in improving esophageal function. World Journal of Gastroenterology, 2016, 22, 4918.	1.4	45
92	Are there alternatives to surgery for Zenker diverticulum?. Cleveland Clinic Journal of Medicine, 2016, 83, 645-647.	0.6	5
93	Clinical significance and management of Barrett's esophagus with epithelial changes indefinite for dysplasia. World Journal of Gastrointestinal Pharmacology and Therapeutics, 2016, 7, 406.	0.6	6
94	Reply. Clinical Gastroenterology and Hepatology, 2015, 13, 1377-1378.	2.4	0
95	Risk Stratification of Patients With Barrett's Esophagus andÂLow-grade Dysplasia or Indefinite for Dysplasia. Clinical Gastroenterology and Hepatology, 2015, 13, 459-465.e1.	2.4	42
96	High-grade dysplasia in thoracic inlet patch treated by focal endoscopic mucosal resection and radiofrequency ablation. Gastrointestinal Endoscopy, 2015, 81, 1297-1298.	0.5	7
97	Dysphagia Caused by Esophageal Actinomycosis. Clinical Gastroenterology and Hepatology, 2015, 13, A21-A22.	2.4	8
98	Clinical outcomes in patients with a diagnosis of "indefinite for dysplasia―in Barrett's esophagus: a multicenter cohort study. Endoscopy, 2015, 47, 669-674.	1.0	22
99	Barrett's oesophagus length is established at the time of initial endoscopy and does not change over time: results from a large multicentre cohort. Gut, 2015, 64, 1874-1880.	6.1	11
100	Higher prevalence of colon polyps in patients with Barrett's esophagus: a case-control study. Gastroenterology Report, 2014, 2, 281-287.	0.6	8
101	Adenoma and Sessile Serrated Polyp Detection Rates. Diseases of the Colon and Rectum, 2014, 57, 1113-1119.	0.7	49
102	Polypectomy Rate: A Surrogate for Adenoma Detection Rate Varies by Colon Segment, Gender, and Endoscopist. Clinical Gastroenterology and Hepatology, 2014, 12, 1137-1142.	2.4	53
103	Relationship between type-2 diabetes and use of metformin with risk of colorectal adenoma in an American population receiving colonoscopy. Journal of Diabetes and Its Complications, 2013, 27, 463-466.	1.2	32
104	Persistence of Nondysplastic Barrett's Esophagus Identifies Patients at Lower Risk for Esophageal Adenocarcinoma: Results From a Large Multicenter Cohort. Gastroenterology, 2013, 145, 548-553.e1.	0.6	81
105	Adenomas Are Detected More Often in Morning Than in Afternoon Colonoscopy. American Journal of Gastroenterology, 2009, 104, 1659-1664.	0.2	121
106	Barrett's Esophagus in Women: Demographic Features and Progression to High-Grade Dysplasia and Cancer. Clinical Gastroenterology and Hepatology, 2005, 3, 1089-1094.	2.4	38
107	A 76-year-old man with septic arthritis Cleveland Clinic Journal of Medicine, 2002, 69, 549-553.	0.6	7