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List of Publications by Year in descending order

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Version: 2024-02-01

30
papers

1,206
citations

586496

16
h-index

563245

28
g-index

30
all docs

30
docs citations

30
times ranked

1287
citing authors

#	ARTICLE	IF	CITATIONS
1	Silencing of protease-activated receptors attenuates synovitis and cartilage damage following a joint bleed in haemophilic mice. <i>Haemophilia</i> , 2016, 22, 152-159.	1.0	7
2	Deferasirox limits cartilage damage following haemarthrosis in haemophilic mice. <i>Thrombosis and Haemostasis</i> , 2014, 112, 1044-1050.	1.8	13
3	Antiplasmin, but not amiloride, prevents synovitis and cartilage damage following hemarthrosis in hemophilic mice. <i>Journal of Thrombosis and Haemostasis</i> , 2014, 12, 237-245.	1.9	15
4	Hemarthrosis in hemophilic mice results in alterations in M1-M2 monocyte/macrophage polarization. <i>Thrombosis Research</i> , 2014, 133, 390-395.	0.8	31
5	Stimulation of Na ⁺ ve Monocytes and <i>scp</i> >PBMC</i>s with Coagulation Proteases Results in Thrombin-Mediated and <i>scp</i> >PAR</i>-Dependent Cytokine Release and Cell Proliferation in <i>scp</i> >PBMC</i>s Only. <i>Scandinavian Journal of Immunology</i> , 2013, 77, 339-349.	1.3	14
6	Diagnostic possibilities of specific fibrin(ogen) degradation products in relation to venous thromboembolism. <i>Blood Coagulation and Fibrinolysis</i> , 2013, 24, 297-304.	0.5	2
7	Identification and expression of iron regulators in human synovium: evidence for upregulation in haemophilic arthropathy compared to rheumatoid arthritis, osteoarthritis, and healthy controls. <i>Haemophilia</i> , 2013, 19, e218-27.	1.0	47
8	Haemarthrosis stimulates the synovial fibrinolytic system in haemophilic mice. <i>Thrombosis and Haemostasis</i> , 2013, 110, 173-183.	1.8	26
9	Using an age-dependent D-dimer cut-off value increases the number of older patients in whom deep vein thrombosis can be safely excluded. <i>Haematologica</i> , 2012, 97, 1507-1513.	1.7	93
10	Coronary Artery Calcification in Hemophilia A. <i>Arteriosclerosis, Thrombosis, and Vascular Biology</i> , 2012, 32, 799-804.	1.1	50
11	Non-fatal cardiovascular disease, malignancies, and other co-morbidity in adult haemophilia patients. <i>Thrombosis Research</i> , 2012, 130, 157-162.	0.8	47
12	No firm association between N-terminal pro-brain natriuretic peptide and percentage of pulmonary vascular obstruction in patients with acute pulmonary embolism. <i>Thrombosis Research</i> , 2011, 127, 547-550.	0.8	3
13	Repeated NT-proBNP testing and risk for adverse outcome after acute pulmonary embolism. <i>Thrombosis and Haemostasis</i> , 2011, 106, 1226-1227.	1.8	2
14	Patients with deep venous thrombosis and thrombophilia risk factors have a specific prolongation of the lag time in a chromogenic thrombin generation assay. <i>Blood Coagulation and Fibrinolysis</i> , 2011, 22, 506-511.	0.5	1
15	Clinical severity of haemophilia A: does the classification of the 1950s still stand?. <i>Haemophilia</i> , 2011, 17, 849-853.	1.0	212
16	A prognostic model for short term adverse events in normotensive patients with pulmonary embolism. <i>American Journal of Hematology</i> , 2011, 86, 646-649.	2.0	26
17	A thrombin generation assay may reduce the need for compression ultrasonography for the exclusion of deep venous thrombosis in the elderly. <i>Scandinavian Journal of Clinical and Laboratory Investigation</i> , 2011, 71, 12-18.	0.6	10
18	Out of hospital treatment of acute pulmonary embolism in patients with a low NT-proBNP level. <i>Journal of Thrombosis and Haemostasis</i> , 2010, 8, 1235-1241.	1.9	123

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19	Out of hospital anticoagulant therapy in patients with acute pulmonary embolism is frequently practised but not perfect. <i>Thrombosis Research</i> , 2010, 126, 481-485.	0.8	7
20	Risk stratification of patients with pulmonary embolism based on pulse rate and D-dimer concentration. <i>Thrombosis and Haemostasis</i> , 2009, 102, 683-687.	1.8	32
21	An age-adapted approach for the use of D-dimers in the exclusion of deep venous thrombosis. <i>American Journal of Hematology</i> , 2009, 84, 488-491.	2.0	33
22	Cardiovascular disease in patients with hemophilia. <i>Journal of Thrombosis and Haemostasis</i> , 2009, 7, 247-254.	1.9	105
23	Improving the Efficacy of Non-Radiologic Exclusion of Deep Venous Thrombosis in the Elderly Using the Thrombin Generation Assay. <i>Blood</i> , 2008, 112, 3815-3815.	0.6	0
24	Who is at risk for occult cancer after venous thromboembolism?. <i>Journal of Thrombosis and Haemostasis</i> , 2006, 4, 2731-2733.	1.9	5
25	Reduced efficacy of clinical probability score and d-dimer assay in elderly subjects suspected of having deep vein thrombosis. <i>British Journal of Haematology</i> , 2005, 129, 653-657.	1.2	48
26	Diagnostic performance of D-dimer is lower in elderly outpatients with suspected deep venous thrombosis: response to Aguilar & del Villar. <i>British Journal of Haematology</i> , 2005, 130, 805-805.	1.2	0
27	Low molecular weight heparin (dalteparin) is equally effective as unfractionated heparin in reducing coagulation activity and perfusion abnormalities during the early treatment of pulmonary embolism. <i>Translational Research</i> , 2004, 144, 100-107.	2.4	13
28	The usefulness of five d-dimer assays in the exclusion of deep venous thrombosis. <i>Journal of Thrombosis and Haemostasis</i> , 2003, 1, 976-981.	1.9	43
29	Combination of a Normal D-Dimer Concentration and a Non-High Pretest Clinical Probability Score Is a Safe Strategy to Exclude Deep Venous Thrombosis. <i>Circulation</i> , 2003, 107, 593-597.	1.6	167
30	Usefulness of a semiquantitative D-dimer test for the exclusion of deep venous thrombosis in outpatients. <i>American Journal of Medicine</i> , 2002, 112, 617-621.	0.6	31