

Marta Araujo Castro

List of Publications by Year in descending order

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Version: 2024-02-01

67
papers

573
citations

686830

13
h-index

794141

19
g-index

84
all docs

84
docs citations

84
times ranked

300
citing authors

#	ARTICLE	IF	CITATIONS
1	Endoscopic endonasal approach to pituitary adenomas: Impact on adenohypophyseal function. Study of 231 cases. <i>Neurocirugia</i> , 2022, 33, 300-309.	0.2	1
2	Special situations in pheochromocytomas and paragangliomas: pregnancy, metastatic disease, and cyanotic congenital heart diseases. <i>Clinical and Experimental Medicine</i> , 2022, 22, 359-370.	1.9	4
3	Bronchial Carcinoids: From Molecular Background to Treatment Approach. <i>Cancers</i> , 2022, 14, 520.	1.7	6
4	Predictive model of pheochromocytoma based on the imaging features of the adrenal tumours. <i>Scientific Reports</i> , 2022, 12, 2671.	1.6	10
5	Evolution of the cardiometabolic profile of primary hyperaldosteronism patients treated with adrenalectomy and with mineralocorticoid receptor antagonists: results from the SPAIN-ALDO Registry. <i>Endocrine</i> , 2022, 76, 687-696.	1.1	12
6	Response to the Letter to the Editor by Dr. Efremov and Alexeev – An alternative way to define hemodynamic instability in the pheochromocytoma surgery. <i>Endocrine</i> , 2022, , 1.	1.1	0
7	Diagnóstico del hiperaldosteronismo primario. <i>Medicina Clínica</i> , 2022, 158, 424-430.	0.3	6
8	Cardiometabolic profile and urinary metabolomic alterations in nonfunctioning adrenal incidentalomas: A review. <i>Clinical Endocrinology</i> , 2022, , .	1.2	9
9	Diagnosis of primary hyperaldosteronism. <i>Medicina Clínica (English Edition)</i> , 2022, , .	0.1	0
10	Differences in the presentation and evolution of primary aldosteronism in elderly (>65 years) and young patients (<65 years). <i>Endocrine Connections</i> , 2022, 11, .	0.8	5
11	Prevalence and phenotype of primary bilateral macronodular adrenal hyperplasia with autonomous cortisol secretion: a study of 98 patients. <i>Revista Clínica Española</i> , 2022, 222, 458-467.	0.3	2
12	Causes of hyperprolactinaemia in the primary care setting: How to optimise hyperprolactinaemia management. <i>Endocrinología, Diabetes Y Nutrición</i> , 2022, , .	0.1	0
13	Adrenalectomy improves blood pressure control in nonfunctioning adrenal incidentalomas and glycemic and lipid control in patients with autonomous cortisol secretion. <i>Endocrine</i> , 2022, 78, 142-150.	1.1	8
14	Tumour size in adrenal tumours: its importance in the indication of adrenalectomy and in surgical outcomes – a single-centre experience. <i>Journal of Endocrinological Investigation</i> , 2022, 45, 1999-2006.	1.8	7
15	A Proposal for Nomenclature Revision of Nonfunctioning Adrenal Incidentalomas as Adrenal Lesions of Undetermined Secretion of Adrenal Steroids (ALUSAS). <i>Endocrine Practice</i> , 2022, 28, 918-920.	1.1	8
16	Adrenal venous sampling in primary aldosteronism: Experience of a Spanish multicentric study (Results from the SPAIN-ALDO Register). <i>Endocrine</i> , 2022, 78, 363-372.	1.1	15
17	Predictive model of surgical remission in acromegaly: age, presurgical GH levels and Knosp grade as the best predictors of surgical remission. <i>Journal of Endocrinological Investigation</i> , 2021, 44, 183-193.	1.8	19
18	Is it possible to predict the development of diabetes insipidus after pituitary surgery? Study of 241 endoscopic transsphenoidal pituitary surgeries. <i>Journal of Endocrinological Investigation</i> , 2021, 44, 1457-1464.	1.8	17

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19	Multidisciplinary protocol of preoperative and surgical management of patients with pituitary tumors candidates to pituitary surgery. <i>Annales D'Endocrinologie</i> , 2021, 82, 20-29.	0.6	10
20	Urine steroid profile as a new promising tool for the evaluation of adrenal tumors. Literature review. <i>Endocrine</i> , 2021, 72, 40-48.	1.1	20
21	Differential macroscopic and histologic features between pituitary adenomas presenting with and without presurgical anterior pituitary dysfunction. A study of 232 patients. <i>Endocrinologia, Diabetes Y Nutrici3n</i> , 2021, 68, 751-753.	0.1	0
22	Presurgical somatostatin receptor ligand treatment does not affect tumor consistency in GH-secreting pituitary macroadenomas. <i>Endocrine Connections</i> , 2021, 10, 102-109.	0.8	5
23	Maximum adenoma diameter, regardless of uni- or bilaterality, is a risk factor for autonomous cortisol secretion in adrenal incidentalomas. <i>Journal of Endocrinological Investigation</i> , 2021, 44, 2349-2357.	1.8	11
24	Immunotherapy in Adrenocortical Carcinoma: Predictors of Response, Efficacy, Safety, and Mechanisms of Resistance. <i>Biomedicines</i> , 2021, 9, 304.	1.4	16
25	Higher risk of chronic kidney disease and progressive kidney function impairment in primary aldosteronism than in essential hypertension. Case-control study. <i>Endocrine</i> , 2021, 73, 439-446.	1.1	20
26	Accuracy of the dexamethasone suppression test for the prediction of autonomous cortisol secretion-related comorbidities in adrenal incidentalomas. <i>Hormones</i> , 2021, 20, 735-744.	0.9	8
27	Protocol for presurgical and anesthetic management of pheochromocytomas and sympathetic paragangliomas: a multidisciplinary approach. <i>Journal of Endocrinological Investigation</i> , 2021, 44, 2545-2555.	1.8	17
28	Surgical outcomes in the pheochromocytoma surgery. Results from the PHEO-RISK STUDY. <i>Endocrine</i> , 2021, 74, 676-684.	1.1	18
29	The Dose of Somatostatin Analogues during Pre-Surgical Treatment Is a Key Factor to Achieve Surgical Remission in Acromegaly. <i>Endocrines</i> , 2021, 2, 241-250.	0.4	1
30	Presurgical predictive factors of surgical remission in Cushing's disease. Study of 32 cases. <i>Endocrinologia, Diabetes Y Nutrici3n</i> , 2021, , .	0.1	1
31	Risk factors for intraoperative complications in pheochromocytomas. <i>Endocrine-Related Cancer</i> , 2021, 28, 695-703.	1.6	17
32	Diagnostic accuracy of the different hormonal tests used for the diagnosis of autonomous cortisol secretion. <i>Scientific Reports</i> , 2021, 11, 20539.	1.6	9
33	Cardiometabolic risk in patients with primary aldosteronism and autonomous cortisol secretion. Case-control study. <i>Medicina Cl3nica (English Edition)</i> , 2021, 157, 473-473.	0.1	2
34	Riesgo cardiometab3lico en pacientes con hiperaldosteronismo primario y secreci3n aut3noma de cortisol. Estudio de casos y controles. <i>Medicina Cl3nica</i> , 2021, 157, 473-479.	0.3	7
35	Predictors of Tumour Growth and Autonomous Cortisol Secretion Development during Follow-Up in Non-Functioning Adrenal Incidentalomas. <i>Journal of Clinical Medicine</i> , 2021, 10, 5509.	1.0	4
36	Radiological Knosp, Revised-Knosp, and Hardy-Wilson Classifications for the Prediction of Surgical Outcomes in the Endoscopic Endonasal Surgery of Pituitary Adenomas: Study of 228 Cases. <i>Frontiers in Oncology</i> , 2021, 11, 807040.	1.3	16

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37	Differential macroscopic and histologic features between pituitary adenomas presenting with and without presurgical anterior pituitary dysfunction. A study of 232 patients. <i>Endocrinología Diabetes Y Nutrición</i> (English Ed), 2021, 68, 751-753.	0.1	0
38	Guía para el manejo y la prevención de la insuficiencia suprarrenal aguda. <i>Endocrinología, Diabetes Y Nutrición</i> , 2020, 67, 53-60.	0.1	7
39	Diabetes insípida. <i>Medicine</i> , 2020, 13, 993-999.	0.0	0
40	Síndrome de secreción inadecuada de hormona antidiurética. <i>Medicine</i> , 2020, 13, 1000-1006.	0.0	0
41	Tumores neuroendocrinos. <i>Medicine</i> , 2020, 13, 1019-1028.	0.0	0
42	Treatment of primary hyperaldosteronism. <i>Medicina Clínica</i> (English Edition), 2020, 155, 302-308.	0.1	1
43	Practical guide on the initial evaluation, follow-up, and treatment of adrenal incidentalomas. Adrenal Diseases Group of the Spanish Society of Endocrinology and Nutrition. <i>Endocrinología Diabetes Y Nutrición</i> (English Ed), 2020, 67, 408-419.	0.1	5
44	Status and clinical and radiological predictive factors of presurgical anterior pituitary function in pituitary adenomas. Study of 232 patients. <i>Endocrine</i> , 2020, 70, 584-592.	1.1	13
45	Tratamiento del hiperaldosteronismo primario. <i>Medicina Clínica</i> , 2020, 155, 302-308.	0.3	14
46	Adenomas hipofisarios funcionantes. <i>Medicine</i> , 2020, 13, 821-832.	0.0	1
47	Adenomas hipofisarios y adenomas hipofisarios no funcionantes. <i>Medicine</i> , 2020, 13, 833-845.	0.0	0
48	Eje hipotálamo hipofisario. <i>Fisiología y Patología</i> . <i>Medicine</i> , 2020, 13, 846-855.	0.0	0
49	Hipopituitarismo. <i>Medicine</i> , 2020, 13, 856-864.	0.0	0
50	Protocolo terapéutico del panhipopituitarismo. <i>Medicine</i> , 2020, 13, 878-881.	0.0	0
51	Cefalea brusca y adenoma hipofisario. <i>Medicine</i> , 2020, 13, 882.e1-882.e4.	0.0	0
52	Phenotype and resistance patterns of 10 resistant prolactinomas. <i>Endocrinología Diabetes Y Nutrición</i> (English Ed), 2020, 67, 194-204.	0.1	0
53	Postoperative management of patients with pituitary tumors submitted to pituitary surgery. Experience of a Spanish Pituitary Tumor Center of Excellence. <i>Endocrine</i> , 2020, 69, 5-17.	1.1	28
54	Pituitary tumors: epidemiology and clinical presentation spectrum. <i>Hormones</i> , 2020, 19, 145-155.	0.9	32

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55	Phenotype and resistance patterns of 10 resistant prolactinomas. <i>Endocrinología, Diabetes Y Nutrición</i> , 2020, 67, 194-204.	0.1	5
56	Guía práctica sobre la evaluación inicial, seguimiento y tratamiento de los incidentalomas adrenales. Grupo de patología adrenal de la Sociedad Española de Endocrinología y Nutrición. <i>Endocrinología, Diabetes Y Nutrición</i> , 2020, 67, 408-419.	0.1	32
57	Cardiometabolic profile of non-functioning and autonomous cortisol-secreting adrenal incidentalomas. Is the cardiometabolic risk similar or are there differences?. <i>Endocrine</i> , 2019, 66, 650-659.	1.1	26
58	Autonomous cortisol secretion in adrenal incidentalomas. <i>Endocrine</i> , 2019, 64, 1-13.	1.1	50
59	The refeeding syndrome. Importance of phosphorus. <i>Medicina Clínica (English Edition)</i> , 2018, 150, 472-478.	0.1	5
60	A thyrotropin-secreting pituitary adenoma treated with radiosurgery: Long-term outcomes. <i>Endocrinología, Diabetes Y Nutrición</i> , 2018, 65, 237-238.	0.1	1
61	El síndrome de realimentación. Importancia del fósforo. <i>Medicina Clínica</i> , 2018, 150, 472-478.	0.3	7
62	Síndrome de Cushing ectópico: descripción de 9 casos. <i>Endocrinología, Diabetes Y Nutrición</i> , 2018, 65, 255-264.	0.1	13
63	Two types of ectopic Cushing syndrome or a continuum? Review. <i>Pituitary</i> , 2018, 21, 535-544.	1.6	13
64	A thyrotropin-secreting pituitary adenoma treated with radiosurgery: Long-term outcomes. <i>Endocrinología Diabetes Y Nutrición (English Ed)</i> , 2018, 65, 237-238.	0.1	0
65	Ectopic Cushing syndrome: Report of 9 cases. <i>Endocrinología Diabetes Y Nutrición (English Ed)</i> , 2018, 65, 255-264.	0.1	0
66	Hipercupremia secundaria a anticonceptivos orales: a propósito de 2 casos. <i>Endocrinología, Diabetes Y Nutrición</i> , 2017, 64, 509-511.	0.1	3
67	SIADH secundario a adenocarcinoma seroso de ovario tratado con Tolvaptán. <i>Revista Chilena De Obstetricia Y Ginecología</i> , 2016, 81, 507-510.	0.1	0