

Matteo Brioni

List of Publications by Year in descending order

Source: <https://exaly.com/author-pdf/384703/publications.pdf>

Version: 2024-02-01

20
papers

1,629
citations

471477

17
h-index

752679

20
g-index

20
all docs

20
docs citations

20
times ranked

1446
citing authors

#	ARTICLE	IF	CITATIONS
1	Individualized positive end-expiratory pressure guided by end-expiratory lung volume in early acute respiratory distress syndrome: study protocol for the multicenter, randomized IPERPEEP trial. <i>Trials</i> , 2022, 23, 63.	1.6	1
2	Viscoelastic Coagulation Monitor as a Novel Device to Assess Coagulation at the Bedside. A Single-Center Experience During the COVID-19 Pandemic. <i>ASAIO Journal</i> , 2021, 67, 254-262.	1.6	6
3	Respiratory Mechanics, Lung Recruitability, and Gas Exchange in Pulmonary and Extrapulmonary Acute Respiratory Distress Syndrome. <i>Critical Care Medicine</i> , 2019, 47, 792-799.	0.9	29
4	Inflammation and primary graft dysfunction after lung transplantation: CT-PET findings. <i>Minerva Anestesiologica</i> , 2018, 84, 1169-1177.	1.0	4
5	Thromboelastography-based anticoagulation management during extracorporeal membrane oxygenation: a safety and feasibility pilot study. <i>Annals of Intensive Care</i> , 2018, 8, 7.	4.6	92
6	Opening pressures and atelectrauma in acute respiratory distress syndrome. <i>Intensive Care Medicine</i> , 2017, 43, 603-611.	8.2	96
7	Airway driving pressure and lung stress in ARDS patients. <i>Critical Care</i> , 2016, 20, 276.	5.8	129
8	Respiratory mechanics and lung stress/strain in children with acute respiratory distress syndrome. <i>Annals of Intensive Care</i> , 2016, 6, 11.	4.6	37
9	Mechanical Power and Development of Ventilator-induced Lung Injury. <i>Anesthesiology</i> , 2016, 124, 1100-1108.	2.5	305
10	Severe hypoxemia: which strategy to choose. <i>Critical Care</i> , 2016, 20, 132.	5.8	86
11	Lung Recruitment Assessed by Respiratory Mechanics and Computed Tomography in Patients with Acute Respiratory Distress Syndrome. What Is the Relationship?. <i>American Journal of Respiratory and Critical Care Medicine</i> , 2016, 193, 1254-1263.	5.6	111
12	Lung inhomogeneities, inflation and [¹⁸ F]2-fluoro-2-deoxy-D-glucose uptake rate in acute respiratory distress syndrome. <i>European Respiratory Journal</i> , 2016, 47, 233-242.	6.7	48
13	Lung Inhomogeneities and Time Course of Ventilator-induced Mechanical Injuries. <i>Anesthesiology</i> , 2015, 123, 618-627.	2.5	86
14	Lung Recruitability Is Better Estimated According to the Berlin Definition of Acute Respiratory Distress Syndrome at Standard 5 cm H ₂ O Rather Than Higher Positive End-Expiratory Pressure. <i>Critical Care Medicine</i> , 2015, 43, 781-790.	0.9	59
15	Lung Inhomogeneity in Patients with Acute Respiratory Distress Syndrome. <i>American Journal of Respiratory and Critical Care Medicine</i> , 2014, 189, 149-158.	5.6	277
16	The assessment of transpulmonary pressure in mechanically ventilated ARDS patients. <i>Intensive Care Medicine</i> , 2014, 40, 1670-1678.	8.2	79
17	Low-dose chest computed tomography for quantitative and visual anatomical analysis in patients with acute respiratory distress syndrome. <i>Intensive Care Medicine</i> , 2014, 40, 691-699.	8.2	28
18	Compressive Forces and Computed Tomography-derived Positive End-expiratory Pressure in Acute Respiratory Distress Syndrome. <i>Anesthesiology</i> , 2014, 121, 572-581.	2.5	58

#	ARTICLE	IF	CITATIONS
19	Visual anatomical lung CT scan assessment of lung recruitability. Intensive Care Medicine, 2013, 39, 66-73.	8.2	37
20	Limits of normality of quantitative thoracic CT analysis. Critical Care, 2013, 17, R93.	5.8	61