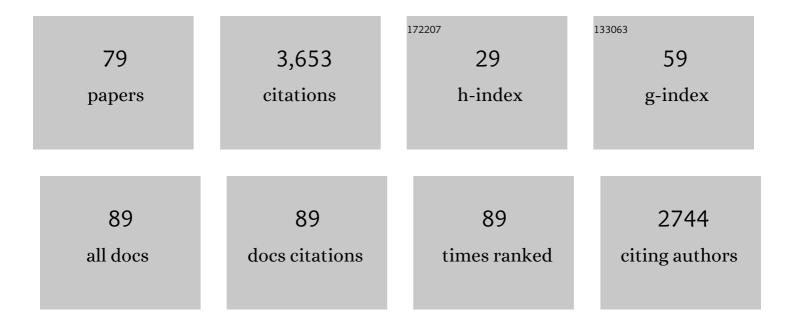
Luciana Ansanelli Naves

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Clinical Characteristics and Therapeutic Responses in Patients with Germ-Line <i>AIP</i> Mutations and Pituitary Adenomas: An International Collaborative Study. Journal of Clinical Endocrinology and Metabolism, 2010, 95, E373-E383.	1.8	323
2	Gigantism and Acromegaly Due to Xq26 Microduplications and <i>GPR101</i> Mutation. New England Journal of Medicine, 2014, 371, 2363-2374.	13.9	292
3	Aryl Hydrocarbon Receptor-Interacting Protein Gene Mutations in Familial Isolated Pituitary Adenomas: Analysis in 73 Families. Journal of Clinical Endocrinology and Metabolism, 2007, 92, 1891-1896.	1.8	283
4	Acromegaly: clinical features at diagnosis. Pituitary, 2017, 20, 22-32.	1.6	176
5	Prolactinomas resistant to standard doses of cabergoline: a multicenter study of 92 patients. European Journal of Endocrinology, 2012, 167, 651-662.	1.9	173
6	Clinical and genetic characterization of pituitary gigantism: an international collaborative study in 208 patients. Endocrine-Related Cancer, 2015, 22, 745-757.	1.6	155
7	High prevalence of AIP gene mutations following focused screening in young patients with sporadic pituitary macroadenomas. European Journal of Endocrinology, 2011, 165, 509-515.	1.9	152
8	X-linked acrogigantism syndrome: clinical profile and therapeutic responses. Endocrine-Related Cancer, 2015, 22, 353-367.	1.6	151
9	Expression of aryl hydrocarbon receptor (AHR) and AHR-interacting protein in pituitary adenomas: pathological and clinical implications. Endocrine-Related Cancer, 2009, 16, 1029-1043.	1.6	134
10	Effectiveness of cabergoline in monotherapy and combined with ketoconazole in the management of Cushing's disease. Pituitary, 2010, 13, 123-129.	1.6	122
11	Challenges in the diagnosis and management of acromegaly: a focus on comorbidities. Pituitary, 2016, 19, 448-457.	1.6	108
12	Diagnosis and management of hyperprolactinemia: Results of a Brazilian multicenter study with 1234 patients. Journal of Endocrinological Investigation, 2008, 31, 436-444.	1.8	97
13	Selenoprotein-Related Disease in a Young Girl Caused by Nonsense Mutations in the <i>SBP2</i> Gene. Journal of Clinical Endocrinology and Metabolism, 2010, 95, 4066-4071.	1.8	89
14	Variable pathological and clinical features of a large Brazilian family harboring a mutation in the aryl hydrocarbon receptor-interacting protein gene. European Journal of Endocrinology, 2007, 157, 383-391.	1.9	84
15	Somatic mosaicism underlies X-linked acrogigantism syndrome in sporadic male subjects. Endocrine-Related Cancer, 2016, 23, 221-233.	1.6	75
16	Cyclin-dependent kinase inhibitor 1B (CDKN1B) gene variants in AIP mutation-negative familial isolated pituitary adenoma kindreds. Endocrine-Related Cancer, 2012, 19, 233-241.	1.6	72
17	Controversial issues in the management of hyperprolactinemia and prolactinomas – An overview by the Neuroendocrinology Department of the Brazilian Society of Endocrinology and Metabolism. Archives of Endocrinology and Metabolism, 2018, 62, 236-263.	0.3	69
18	Pasireotide LAR maintains inhibition of GH and IGF-1 in patients with acromegaly for up to 25Âmonths: results from the blinded extension phase of a randomized, double-blind, multicenter, Phase III study. Pituitary, 2015, 18, 385-394.	1.6	65

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19	Nelson's Syndrome: Complete Remission with Cabergoline but Not with Bromocriptine or Cyproheptadine Treatment. Hormone Research in Paediatrics, 2004, 62, 300-305.	0.8	57
20	Polycystic ovary syndrome and hyperprolactinemia are distinct entities. Gynecological Endocrinology, 2007, 23, 267-272.	0.7	55
21	Pitfalls in the diagnosis of Cushing's syndrome. Arquivos Brasileiros De Endocrinologia E Metabologia, 2007, 51, 1207-1216.	1.3	49
22	Increase of Classic and Nonclassic Cardiovascular Risk Factors in Patients with Acromegaly. Endocrine Practice, 2007, 13, 363-372.	1.1	49
23	Role of the addition of cabergoline to the management of acromegalic patients resistant to longterm treatment with octreotide LAR. Pituitary, 2011, 14, 148-156.	1.6	47
24	Aggressive tumor growth and clinical evolution in a patient with X-linked acro-gigantism syndrome. Endocrine, 2016, 51, 236-244.	1.1	45
25	The Role of Isotretinoin Therapy for Cushing's Disease: Results of a Prospective Study. International Journal of Endocrinology, 2016, 2016, 1-9.	0.6	40
26	Short-term treatment with cabergoline can lead to tumor shrinkage in patients with nonfunctioning pituitary adenomas. Pituitary, 2013, 16, 189-194.	1.6	38
27	Effects of follicle-stimulating hormone and human chorionic gonadotropin on gonadal steroidogenesis in two siblings with a follicle-stimulating hormone Î ² subunit mutation. Fertility and Sterility, 2008, 90, 1169-1174.	0.5	35
28	Prevalence of gsp oncogene in somatotropinomas and clinically non-functioning pituitary adenomas: our experience. Pituitary, 2009, 12, 165-169.	1.6	32
29	The role of non-invasive dynamic tests in the diagnosis of Cushing's syndrome. Journal of Endocrinological Investigation, 2008, 31, 1008-1013.	1.8	28
30	Can we predict long-term remission after somatostatin analog withdrawal in patients with acromegaly? Results from a multicenter prospective trial. Endocrine, 2014, 46, 577-584.	1.1	22
31	Lack of acute zinc effects in glucose metabolism in healthy and insulin-dependent diabetes mellitus patients. BioMetals, 1999, 12, 161-166.	1.8	21
32	Mean intrasellar pressure, visual field, headache intensity and quality of life of patients with pituitary adenoma. Arquivos De Neuro-Psiquiatria, 2010, 68, 350-354.	0.3	21
33	Aggressive prolactinoma in a child related to germline mutation in the ARYL hydrocarbon receptor interacting protein (AIP) gene. Arquivos Brasileiros De Endocrinologia E Metabologia, 2010, 54, 761-767.	1.3	21
34	Substantial Shrinkage of Adenomas Cosecreting Growth Hormone and Prolactin with use of Cabergoline Therapy. Endocrine Practice, 2007, 13, 396-402.	1.1	20
35	A review on the diagnosis and treatment of patients with clinically nonfunctioning pituitary adenoma by the Neuroendocrinology Department of the Brazilian Society of Endocrinology and Metabolism. Archives of Endocrinology and Metabolism, 2016, 60, 374-390.	0.3	20
36	Adrenal Incidentalomas: Diagnostic Evaluation and Long-Term Follow-up. Endocrine Practice, 2008, 14, 269-278.	1.1	19

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37	Predição da sÃndrome metabólica em crianças por indicadores antropométricos. Arquivos Brasileiros De Cardiologia, 2011, 96, 121-125.	0.3	19
38	Geographical information system (GIS) as a new tool to evaluate epidemiology based on spatial analysis and clinical outcomes in acromegaly. Pituitary, 2015, 18, 8-15.	1.6	17
39	Incidence of Obesity Does Not Appear to Be Increased after Treatment of Acute Lymphoblastic Leukemia in Brazilian Children: Role of Leptin, Insulin, and IGF-1. Hormone Research in Paediatrics, 2007, 68, 164-170.	0.8	16
40	Brazilian multicenter study on pegvisomant treatment in acromegaly. Archives of Endocrinology and Metabolism, 2019, 63, 328-336.	0.3	16
41	Clinical and genetic aspects of familial isolated pituitary adenomas. Clinics, 2012, 67, 37-41.	0.6	14
42	Recommendations of the Neuroendocrinology Department of the Brazilian Society of Endocrinology and Metabolism for the diagnosis of Cushing's disease in Brazil. Archives of Endocrinology and Metabolism, 2016, 60, 267-286.	0.3	14
43	Thromboelastometry demonstrates endogenous coagulation activation in nonsevere and severe COVID-19 patients and has applicability as a decision algorithm for intervention. PLoS ONE, 2022, 17, e0262600.	1.1	14
44	Prognostic Value of Invasion, Markers of Proliferation, and Classification of Giant Pituitary Tumors, in a Georeferred Cohort in Brazil of 50 Patients, with a Long-Term Postoperative Follow-Up. International Journal of Endocrinology, 2016, 2016, 1-14.	0.6	13
45	Cognitive-behavioral therapy improves the quality of life of patients with acromegaly. Pituitary, 2018, 21, 323-333.	1.6	13
46	Medical combination therapies in Cushing's disease. Pituitary, 2015, 18, 253-262.	1.6	12
47	Association between variations of physiological prolactin serum levels and the risk of type 2 diabetes: A systematic review and meta-analysis. Diabetes Research and Clinical Practice, 2020, 166, 108247.	1.1	12
48	Management of prolactinomas in Brazil: an electronic survey. Pituitary, 2010, 13, 199-206.	1.6	11
49	Avaliação da atividade fÃsica na prática de vida diária comparada com o nÃvel de atividade da doença em pacientes acromegálicos: impacto na percepção da qualidade de vida. Arquivos Brasileiros De Endocrinologia E Metabologia, 2013, 57, 550-557.	1.3	11
50	Nonthyroidal illness syndrome in patients with subarachnoid hemorrhage due to intracranial aneurysm. Arquivos De Neuro-Psiquiatria, 2004, 62, 26-32.	0.3	9
51	Clinical and laboratorial characterization and post-surgical follow-up of 87 patients with non-functioning pituitary macroadenomas. Arquivos De Neuro-Psiquiatria, 2013, 71, 307-312.	0.3	9
52	Armadilhas no diagnóstico da hiperprolactinemia. Arquivos Brasileiros De Endocrinologia E Metabologia, 2003, 47, 347-357.	1.3	8
53	Distúrbios na secreção e ação do hormÃ′nio antidiurético. Arquivos Brasileiros De Endocrinologia E Metabologia, 2003, 47, 467-481.	1.3	8
54	Using clinical data to predict sleep hypoxemia in patients with acromegaly. Arquivos De Neuro-Psiquiatria, 2007, 65, 234-239.	0.3	8

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55	Beneficial Effects of High Doses of Cabergoline in the Treatment of Giant Prolactinoma Resistant to Dopamine Agonists: A Case Report with a 21-Year Follow-Up. Hormone Research in Paediatrics, 2018, 89, 63-70.	0.8	7
56	Transient Elastography and Controlled Attenuation Parameter (CAP) in the Assessment of Liver Steatosis in Severe Adult Growth Hormone Deficiency. Frontiers in Endocrinology, 2019, 10, 364.	1.5	7
57	Implementation and Monitoring of a Telemedicine Model in Acromegalic Outpatients in a Low-Income Country During the COVID-19 Pandemic. Telemedicine Journal and E-Health, 2021, 27, 905-914.	1.6	7
58	Craniofacial abnormalities, obesity, and hormonal alterations have similar effects in magnitude on the development of nocturnal hypoxemia in patients with acromegaly. Journal of Endocrinological Investigation, 2008, 31, 1052-1057.	1.8	6
59	The brazilian version of the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA): Four-stage translation and validation. Arquivos Brasileiros De Endocrinologia E Metabologia, 2010, 54, 833-841.	1.3	6
60	Prolactinomas Resistant to Treatment With Dopamine Agonists: Long-Term Follow-Up of Six Cases. Frontiers in Endocrinology, 2018, 9, 625.	1.5	6
61	The Effect of Cognitive-Behavioral Therapy on Acromegalics After a 9-Month Follow-Up. Frontiers in Endocrinology, 2019, 10, 380.	1.5	6
62	Tratamento medicamentoso dos tumores hipofisários. Parte I: prolactinomas e adenomas secretores de GH. Arquivos Brasileiros De Endocrinologia E Metabologia, 2000, 44, 367-381.	1.3	6
63	Prevalence of lung structure abnormalities in patients with acromegaly and their relationship with gas exchange: cross-sectional analytical study with a control group. Sao Paulo Medical Journal, 2015, 133, 394-400.	0.4	5
64	Management of hypopituitarism: a perspective from the Brazilian Society of Endocrinology and Metabolism. Archives of Endocrinology and Metabolism, 2021, 65, 212-230.	0.3	5
65	Tratamento medicamentoso dos tumores hipofisários. parte II: adenomas secretores de ACTH, TSH e adenomas clinicamente não-funcionantes. Arquivos Brasileiros De Endocrinologia E Metabologia, 2000, 44, 455-470.	1.3	4
66	Economics of Acromegaly Treatment in Brazil: A Budget Impact Analysis of Pituitary Surgery Compared with Long-Term Octreotide LAR. PharmacoEconomics - Open, 2019, 3, 247-254.	0.9	4
67	Treatment of Severe Trigeminal Headache in Patients With Pituitary Adenomas. Neurosurgery, 2011, 68, 1300-1308.	0.6	3
68	A review of Cushing's disease treatment by the Department of Neuroendocrinology of the Brazilian Society of Endocrinology and Metabolism. Archives of Endocrinology and Metabolism, 2018, 62, 87-105.	0.3	3
69	Long-term real-life outcomes in a georrefered cohort of acromegalic patients in Brazil. Endocrine, 2020, 68, 390-398.	1.1	3
70	Molecular and Cellular Biomarkers of COVID-19 Prognosis: Protocol for the Prospective Cohort TARGET Study. JMIR Research Protocols, 2021, 10, e24211.	0.5	3
71	Relações de comercialização entre compradores e produtores de leite do sul de Minas Gerais. Interações (Campo Grande), 0, , 207-220.	0.1	3
72	A novel mutation of thyroid hormone receptor beta (I431V) impairs corepressor release, and induces thyroid hormone resistance syndrome. Arquivos Brasileiros De Endocrinologia E Metabologia, 2008, 52, 1304-1312.	1.3	2

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73	Prolactinomas resistant to standard doses of cabergoline: a multicenter study of 92 patients. European Journal of Endocrinology, 2012, 167, 887-887.	1.9	2
74	Classic cardiovascular risk factors improve in very elderly hypopituitary patients treated on standard hormone replacement in long term follow- up. Clinical Diabetes and Endocrinology, 2021, 7, 6.	1.3	2
75	Persistence of hyperprolactinemia after treatment of primary hypothyroidism and withdrawal of long term use of estrogen: are the tuberoinfundibular dopaminergic neurons permanently lesioned?. Arquivos Brasileiros De Endocrinologia E Metabologia, 2005, 49, 468-472.	1.3	1
76	Entropy and uniformity as additional parameters to optimize the effectiveness of bone CT in the evaluation of acromegalic patients. Endocrine, 2020, 69, 368-376.	1.1	1
77	Pasireotide LAR and octreotide LAR maintain inhibition of GH and IGF1 in patients with acromegaly: 12-month extension phase of a randomized, double-blind, multicenter, phase III study. Endocrine Abstracts, 0, , .	0.0	0
78	Characteristics of patients with pituitary gigantism: results of an international study. Endocrine Abstracts, 0, , .	0.0	0
79	Cognitive behavioral therapy adapted for patients with acromegaly. Current Psychology, 0, , .	1.7	0