Jean-Louis Teboul

List of Publications by Year in Descending Order

98 papers	11,558 citations	44 h-index	107 g-index
110 ext. papers	14,187 ext. citations	8.1 avg, IF	6.49 L-index

#	Paper	IF	Citations
98	Early hemodynamic resuscitation of septic shock: what do the new Surviving Sepsis Campaign guidelines really provide?. *Journal of Intensive Medicine*, **2022**, 2, 1-2		
97	Do changes in pulse pressure variation and inferior vena cava distensibility during passive leg raising and tidal volume challenge detect preload responsiveness in case of low tidal volume ventilation?. *Critical Care*, **2021**, 25, 110	10.8	4
96	Intravenous immunoglobulin treatment for patients with severe COVID-19: a retrospective multicentre study. *Clinical Microbiology and Infection*, **2021**, 27, 1488-1493	9.5	6
95	COVID-19 ARDS is characterized by higher extravascular lung water than non-COVID-19 ARDS: the PiCCOVID study. *Critical Care*, **2021**, 25, 186	10.8	10
94	Myeloid phenotypes in severe COVID-19 predict secondary infection and mortality: a pilot study. *Annals of Intensive Care*, **2021**, 11, 111	8.9	3
93	Current use of inotropes in circulatory shock. *Annals of Intensive Care*, **2021**, 11, 21	8.9	11
92	Intensive care management of patients with COVID-19: a practical approach. *Annals of Intensive Care*, **2021**, 11, 36	8.9	28
91	Prior Exposure to Angiotensin II Receptor Blockers in Patients With Septic Shock to Individualize Mean Arterial Pressure Target? A Post Hoc Analysis of the Sepsis and Mean Arterial Pressure (SEPSISPAM) Trial. *Critical Care Medicine*, **2021**, 49, e412-e422	1.4	2
90	Bioreactance reliably detects preload responsiveness by the end-expiratory occlusion test when averaging and refresh times are shortened. *Annals of Intensive Care*, **2021**, 11, 133	8.9	1
89	CO2-Derived Indices to Guide Resuscitation in Critically Ill Patients **2021**, 419-427		
88	Transpulmonary thermodilution detects rapid and reversible increases in lung water induced by positive end-expiratory pressure in acute respiratory distress syndrome. *Annals of Intensive Care*, **2020**, 10, 28	8.9	5
87	Septic shock patients with adequate tissue perfusion parameters still need the recommended minimal Mean Arterial Pressure: For sure. *Journal of Critical Care*, **2020**, 56, 305-307	4	1
86	Diastolic shock index and clinical outcomes in patients with septic shock. *Annals of Intensive Care*, **2020**, 10, 41	8.9	14
85	Vasopressors in septic shock: which, when, and how much?. *Annals of Translational Medicine*, **2020**, 8, 794	3.2	6
84	Passive leg raising test in patients with intra-abdominal hypertension: do not throw it. *Annals of Translational Medicine*, **2020**, 8, 806	3.2	1
83	SARS-CoV-2 post-infective myocarditis: the tip of COVID-19 immune complications?. *Annals of Intensive Care*, **2020**, 10, 98	8.9	9
82	Changes in Radial Artery Pulse Pressure During a Fluid Challenge Cannot Assess Fluid Responsiveness in Patients With Septic Shock. *Journal of Intensive Care Medicine*, **2020**, 35, 149-153	3.3	5

81	Influence of changes in ventricular systolic function and loading conditions on pulse contour analysis-derived femoral dP/dt. *Annals of Intensive Care*, **2019**, 9, 61	8.9	7
80	Importance of diastolic arterial pressure in septic shock rebuttal to comments of Dr. Magder. *Journal of Critical Care*, **2019**, 51, 244	4	0
79	Current use of vasopressors in septic shock. *Annals of Intensive Care*, **2019**, 9, 20	8.9	58
78	What is the lowest change in cardiac output that transthoracic echocardiography can detect?. *Critical Care*, **2019**, 23, 116	10.8	37
77	Challenges in the management of septic shock: a narrative review. *Intensive Care Medicine*, **2019**, 45, 420-433	14.5	22
76	Arterial Pulse Pressure Variation with Mechanical Ventilation. *American Journal of Respiratory and Critical Care Medicine*, **2019**, 199, 22-31	10.2	44
75	How can CO-derived indices guide resuscitation in critically ill patients?. *Journal of Thoracic Disease*, **2019**, 11, S1528-S1537	2.6	26
74	Arterial Blood Pressure. *Lessons From the ICU*, **2019**, 233-245	0.1	
73	Intra-Abdominal Hypertension Is Responsible for False Negatives to the Passive Leg Raising Test. *Critical Care Medicine*, **2019**, 47, e639-e647	1.4	26
72	Transpulmonary thermodilution techniques in the haemodynamically unstable patient. *Current Opinion in Critical Care*, **2019**, 25, 273-279	3.5	9
71	Assessment of fluid responsiveness: recent advances. *Current Opinion in Critical Care*, **2018**, 24, 190-195	3.5	37
70	Second consensus on the assessment of sublingual microcirculation in critically ill patients: results from a task force of the European Society of Intensive Care Medicine. *Intensive Care Medicine*, **2018**, 44, 281-299	14.5	183
69	My patient has received fluid. How to assess its efficacy and side effects?. *Annals of Intensive Care*, **2018**, 8, 54	8.9	28
68	Alternatives to the Swan-Ganz catheter. *Intensive Care Medicine*, **2018**, 44, 730-741	14.5	47
67	Understanding the carbon dioxide gaps. *Current Opinion in Critical Care*, **2018**, 24, 181-189	3.5	14
66	Pressure Waveform Analysis. *Anesthesia and Analgesia*, **2018**, 126, 1930-1933	3.9	37
65	Intensive care medicine in 2050: vasopressors in sepsis. *Intensive Care Medicine*, **2018**, 44, 1130-1132	14.5	4
64	Fluid resuscitation during early sepsis: a need for individualization. *Minerva Anestesiologica*, **2018**, 84, 987-992	1.9	15

63	Less or more hemodynamic monitoring in critically ill patients. *Current Opinion in Critical Care*, **2018**, 24, 309-315	3.5	17
62	Carotid and femoral Doppler do not allow the assessment of passive leg raising effects. *Annals of Intensive Care*, **2018**, 8, 67	8.9	12
61	Prediction of fluid responsiveness in ventilated patients. *Annals of Translational Medicine*, **2018**, 6, 352	3.2	22
60	Principles of fluid management and stewardship in septic shock: it is time to consider the four D's and the four phases of fluid therapy. *Annals of Intensive Care*, **2018**, 8, 66	8.9	196
59	Understanding the Haldane effect. *Intensive Care Medicine*, **2017**, 43, 91-93	14.5	40
58	A hypoperfusion context may aid to interpret hyperlactatemia in sepsis-3 septic shock patients: a proof-of-concept study. *Annals of Intensive Care*, **2017**, 7, 29	8.9	27
57	The dynamic arterial elastance: a call for a cautious interpretation : Discussion on "Predicting vasopressor needs using dynamic parameters". *Intensive Care Medicine*, **2017**, 43, 1438-1439	14.5	5
56	Transpulmonary thermodilution: advantages and limits. *Critical Care*, **2017**, 21, 147	10.8	109
55	Use of Tidal volume challenge to improve the reliability of pulse pressure variation. *Critical Care*, **2017**, 21, 60	10.8	23
54	The Changes in Pulse Pressure Variation or Stroke Volume Variation After a "Tidal Volume Challenge" Reliably Predict Fluid Responsiveness During Low Tidal Volume Ventilation. *Critical Care Medicine*, **2017**, 45, 415-421	1.4	90
53	Predicting Fluid Responsiveness in Critically Ill Patients by Using Combined End-Expiratory and End-Inspiratory Occlusions With Echocardiography. *Critical Care Medicine*, **2017**, 45, e1131-e1138	1.4	47
52	Prediction of fluid responsiveness: an update. *Annals of Intensive Care*, **2016**, 6, 111	8.9	249
51	Cardiac dysfunction induced by weaning from mechanical ventilation: incidence, risk factors, and effects of fluid removal. *Critical Care*, **2016**, 20, 369	10.8	37
50	Passive leg raising for predicting fluid responsiveness: a systematic review and meta-analysis. *Intensive Care Medicine*, **2016**, 42, 1935-1947	14.5	186
49	The effects of advanced monitoring on hemodynamic management in critically ill patients: a pre and post questionnaire study. *Journal of Clinical Monitoring and Computing*, **2016**, 30, 511-8	2	27
48	How Do I Integrate Hemodynamic Variables When Managing Septic Shock?. *Korean Journal of Critical Care Medicine*, **2016**, 31, 265-275		1
47	Implementing sepsis bundles. *Annals of Translational Medicine*, **2016**, 4, 332	3.2	9
46	The passive leg raising test to guide fluid removal in critically ill patients. *Annals of Intensive Care*, **2016**, 6, 46	8.9	38

45	Less invasive hemodynamic monitoring in critically ill patients. *Intensive Care Medicine*, **2016**, 42, 1350-9	14.5	149
44	Fluid challenges in intensive care: the FENICE study: A global inception cohort study. *Intensive Care Medicine*, **2015**, 41, 1529-37	14.5	295
43	Minimally invasive monitoring. *Critical Care Clinics*, **2015**, 31, 25-42	4.5	23
42	Extravascular lung water in critical care: recent advances and clinical applications. *Annals of Intensive Care*, **2015**, 5, 38	8.9	94
41	Monitoring: from cardiac output monitoring to echocardiography. *Current Opinion in Critical Care*, **2015**, 21, 395-401	3.5	20
40	Evolving concepts of hemodynamic monitoring for critically ill patients. *Indian Journal of Critical Care Medicine*, **2015**, 19, 220-6	1.3	9
39	Weaning-induced cardiac dysfunction: where are we today?. *Intensive Care Medicine*, **2014**, 40, 1069-79	14.5	44
38	High versus low blood-pressure target in patients with septic shock. *New England Journal of Medicine*, **2014**, 370, 1583-93	59.2	637
37	Transpulmonary thermodilution enables to detect small short-term changes in extravascular lung water induced by a bronchoalveolar lavage. *Critical Care Medicine*, **2014**, 42, 1869-73	1.4	17
36	Extravascular lung water, B-type natriuretic peptide, and blood volume contraction enable diagnosis of weaning-induced pulmonary edema. *Critical Care Medicine*, **2014**, 42, 1882-9	1.4	36
35	Monitoring volume and fluid responsiveness: from static to dynamic indicators. *Baillieres Best Practice and Research in Clinical Anaesthesiology*, **2013**, 27, 177-85	4	61
34	Lactate and venoarterial carbon dioxide difference/arterial-venous oxygen difference ratio, but not central venous oxygen saturation, predict increase in oxygen consumption in fluid responders. *Critical Care Medicine*, **2013**, 41, 1412-20	1.4	156
33	End-expiratory occlusion test predicts preload responsiveness independently of positive end-expiratory pressure during acute respiratory distress syndrome. *Critical Care Medicine*, **2013**, 41, 1692-701	1.4	52
32	Extravascular lung water is an independent prognostic factor in patients with acute respiratory distress syndrome. *Critical Care Medicine*, **2013**, 41, 472-80	1.4	168
31	The estimation of cardiac output by the Nexfin device is of poor reliability for tracking the effects of a fluid challenge. *Critical Care*, **2012**, 16, R212	10.8	72
30	Hemodynamic management of cardiovascular failure by using PCO(2) venous-arterial difference. *Journal of Clinical Monitoring and Computing*, **2012**, 26, 367-74	2	28
29	Transpulmonary thermodilution measurements are not affected by continuous veno-venous hemofiltration at high blood pump flow. *Intensive Care Medicine*, **2012**, 38, 1162-8	14.5	20
28	Passive leg-raising and end-expiratory occlusion tests perform better than pulse pressure variation in patients with low respiratory system compliance. *Critical Care Medicine*, **2012**, 40, 152-7	1.4	156

27	Results of questionable management protocols are inherently questionable. *Critical Care Medicine*, **2012**, 40, 2536; author reply 2536-7	1.4	7
26	Effects of norepinephrine on mean systemic pressure and venous return in human septic shock. *Critical Care Medicine*, **2012**, 40, 3146-53	1.4	113
25	Precision of the transpulmonary thermodilution measurements. *Critical Care*, **2011**, 15, R204	10.8	134
24	Norepinephrine increases cardiac preload and reduces preload dependency assessed by passive leg raising in septic shock patients. *Critical Care Medicine*, **2011**, 39, 689-94	1.4	106
23	Hemodynamic parameters to guide fluid therapy. *Annals of Intensive Care*, **2011**, 1, 1	8.9	381
22	Weaning failure of cardiac origin: recent advances. *Critical Care*, **2010**, 14, 211	10.8	40
21	Early administration of norepinephrine increases cardiac preload and cardiac output in septic patients with life-threatening hypotension. *Critical Care*, **2010**, 14, R142	10.8	116
20	Restoring arterial pressure with norepinephrine improves muscle tissue oxygenation assessed by near-infrared spectroscopy in severely hypotensive septic patients. *Intensive Care Medicine*, **2010**, 36, 1882-9	14.5	109
19	Detecting volume responsiveness and unresponsiveness in intensive care unit patients: two different problems, only one solution. *Critical Care*, **2009**, 13, 175	10.8	27
18	Predicting volume responsiveness by using the end-expiratory occlusion in mechanically ventilated intensive care unit patients. *Critical Care Medicine*, **2009**, 37, 951-6	1.4	217
17	Effects of changes in vascular tone on the agreement between pulse contour and transpulmonary thermodilution cardiac output measurements within an up to 6-hour calibration-free period. *Critical Care Medicine*, **2008**, 36, 434-40	1.4	141
16	Passive leg raising. *Intensive Care Medicine*, **2008**, 34, 659-63	14.5	227
15	Assessing pulmonary permeability by transpulmonary thermodilution allows differentiation of hydrostatic pulmonary edema from ALI/ARDS. *Intensive Care Medicine*, **2007**, 33, 448-53	14.5	200
14	Measuring aortic diameter improves accuracy of esophageal Doppler in assessing fluid responsiveness. *Critical Care Medicine*, **2007**, 35, 477-82	1.4	68
13	Cardiac filling pressures are not appropriate to predict hemodynamic response to volume challenge. *Critical Care Medicine*, **2007**, 35, 64-8	1.4	537
12	Invasive measures of left ventricular preload. *Current Opinion in Critical Care*, **2006**, 12, 235-40	3.5	41
11	How to diagnose weaning-induced pulmonary edema?. *Intensive Care Medicine*, **2006**, 32, 938-938	14.5	5
10	FTc is not an accurate predictor of fluid responsiveness. *Intensive Care Medicine*, **2006**, 32, 1090-1091	14.5	9

9	The respiratory variation in inferior vena cava diameter as a guide to fluid therapy. *Intensive Care Medicine*, **2004**, 30, 1834-7	14.5	567
8	Early use of the pulmonary artery catheter and outcomes in patients with shock and acute respiratory distress syndrome: a randomized controlled trial. *JAMA - Journal of the American Medical Association*, **2003**, 290, 2713-20	27.4	477
7	Combination of venoarterial PCO2 difference with arteriovenous O2 content difference to detect anaerobic metabolism in patients. *Intensive Care Medicine*, **2002**, 28, 272-7	14.5	169
6	Predicting fluid responsiveness in ICU patients: a critical analysis of the evidence. *Chest*, **2002**, 121, 2000-8	5.3	1127
5	Estimating cardiac filling pressure in mechanically ventilated patients with hyperinflation. *Critical Care Medicine*, **2000**, 28, 3631-6	1.4	126
4	Venoarterial CO(2) difference during regional ischemic or hypoxic hypoxia. *Journal of Applied Physiology*, **2000**, 89, 1317-21	3.7	161
3	Using heart-lung interactions to assess fluid responsiveness during mechanical ventilation. *Critical Care*, **2000**, 4, 282-9	10.8	276
2	Relation between respiratory changes in arterial pulse pressure and fluid responsiveness in septic patients with acute circulatory failure. *American Journal of Respiratory and Critical Care Medicine*, **2000**, 162, 134-8	10.2	1567
1	Acute left ventricular dysfunction during unsuccessful weaning from mechanical ventilation. *Anesthesiology*, **1988**, 69, 171-9	4.3	433