

Silvia Grottoli

List of Publications by Year in descending order

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Version: 2024-02-01

49
papers

989
citations

393982

19
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476904

29
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54
all docs

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docs citations

54
times ranked

1137
citing authors

#	ARTICLE	IF	CITATIONS
1	Acromegaly is associated with increased cancer risk: a survey in Italy. <i>Endocrine-Related Cancer</i> , 2017, 24, 495-504.	1.6	61
2	Diagnostic reliability of a single IGF-I measurement in 237 adults with total anterior hypopituitarism and severe GH deficiency. <i>Clinical Endocrinology</i> , 2003, 59, 56-61.	1.2	56
3	Pegvisomant in acromegaly: an update. <i>Journal of Endocrinological Investigation</i> , 2017, 40, 577-589.	1.8	53
4	High-Dose and High-Frequency Lanreotide Autogel in Acromegaly: A Randomized, Multicenter Study. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2017, 102, 2454-2464.	1.8	51
5	Hypopituitarism following brain injury: when does it occur and how best to test?. <i>Pituitary</i> , 2012, 15, 20-24.	1.6	46
6	Cost-of-illness study in acromegalic patients in Italy. <i>Journal of Endocrinological Investigation</i> , 2004, 27, 1034-1039.	1.8	45
7	Use of Pegvisomant in acromegaly. An Italian Society of Endocrinology guideline. <i>Journal of Endocrinological Investigation</i> , 2014, 37, 1017-1030.	1.8	45
8	ACROSTUDY: the Italian experience. <i>Endocrine</i> , 2015, 48, 334-341.	1.1	38
9	The Stimulatory Effect of Canrenoate, a Mineralocorticoid Antagonist, on the Activity of the Hypothalamus-Pituitary-Adrenal Axis Is Abolished by Alprazolam, a Benzodiazepine, in Humans. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2002, 87, 4616-4620.	1.8	36
10	Elderly subjects show severe impairment of dehydroepiandrosterone sulphate and reduced sensitivity of cortisol and aldosterone response to the stimulatory effect of ACTH ¹⁻²⁴ . <i>Clinical Endocrinology</i> , 2001, 55, 259-265.	1.2	35
11	Pegvisomant in acromegaly: Why, when, how. <i>Journal of Endocrinological Investigation</i> , 2007, 30, 693-699.	1.8	35
12	Traumatic Brain Injury as Frequent Cause of Hypopituitarism and Growth Hormone Deficiency: Epidemiology, Diagnosis, and Treatment. <i>Frontiers in Endocrinology</i> , 2021, 12, 634415.	1.5	29
13	Systemic steroids in patients with COVID-19: pros and contras, an endocrinological point of view. <i>Journal of Endocrinological Investigation</i> , 2021, 44, 873-875.	1.8	28
14	Both fasting-induced leptin reduction and GH increase are blunted in Cushing's syndrome and in simple obesity. <i>Clinical Endocrinology</i> , 2003, 58, 220-228.	1.2	26
15	Hypothalamic-Pituitary Autoimmunity and Traumatic Brain Injury. <i>Journal of Clinical Medicine</i> , 2015, 4, 1025-1035.	1.0	26
16	Alprazolam, a benzodiazepine, does not modify the ACTH and cortisol response to hCRH and AVP, but blunts the cortisol response to ACTH in humans. <i>Journal of Endocrinological Investigation</i> , 2002, 25, 420-425.	1.8	25
17	Three-hour spontaneous GH secretion profile is as reliable as oral glucose tolerance test for the diagnosis of acromegaly. <i>Journal of Endocrinological Investigation</i> , 2003, 26, 123-127.	1.8	25
18	<sc>ACROSCORE</sc>: a new and simple tool for the diagnosis of acromegaly, a rare and underdiagnosed disease. <i>Clinical Endocrinology</i> , 2016, 84, 380-385.	1.2	24

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19	Management of GH treatment in adult GH deficiency. Best Practice and Research in Clinical Endocrinology and Metabolism, 2017, 31, 13-24.	2.2	19
20	Arthropathy in acromegaly: a questionnaire-based estimation of motor disability and its relation with quality of life and work productivity. Pituitary, 2019, 22, 552-560.	1.6	19
21	In Obesity, Glucose Load Loses Its Early Inhibitory, But Maintains Its Late Stimulatory, Effect on Somatotrope Secretion. Journal of Clinical Endocrinology and Metabolism, 1997, 82, 2261-2265.	1.8	18
22	Efficacy and safety of 48 weeks of treatment with octreotide LAR in newly diagnosed acromegalic patients with macroadenomas: An open-label, multicenter, non-comparative study. Journal of Endocrinological Investigation, 2005, 28, 978-983.	1.8	18
23	How to improve effectiveness of pegvisomant treatment in acromegalic patients. Journal of Endocrinological Investigation, 2018, 41, 575-581.	1.8	18
24	Treatment of Acromegalic Osteopathy in Real-life Clinical Practice: The BAAC (Bone Active Drugs in) Tj ETQq0 0 0 regBT /Overlock 10 Tf 5	1.8	18
25	Endocrine disrupting chemicals: effects on pituitary, thyroid and adrenal glands. Endocrine, 2022, 78, 395-405.	1.1	18
26	Surgical management of pituitary adenomas: does age matter?. Pituitary, 2020, 23, 92-102.	1.6	16
27	Increased prevalence of impulse control disorder symptoms in endocrine diseases treated with dopamine agonists: a cross-sectional study. Journal of Endocrinological Investigation, 2021, 44, 1699-1706.	1.8	16
28	A New Clinical Model to Estimate the Pre-Test Probability of Cushing's Syndrome: The Cushing Score. Frontiers in Endocrinology, 2021, 12, 747549.	1.5	13
29	Does pegvisomant treatment expertise improve control of resistant acromegaly? The Italian ACROSTUDY experience. Journal of Endocrinological Investigation, 2015, 38, 1099-1109.	1.8	12
30	Retrospective observational analysis of non-irradiated non-functioning pituitary adenomas. Journal of Endocrinological Investigation, 2015, 38, 1191-1197.	1.8	11
31	The Cut-off Limits of Growth Hormone Response to the Insulin Tolerance Test Related to Body Mass Index for the Diagnosis of Adult Growth Hormone Deficiency. Neuroendocrinology, 2021, 111, 442-450.	1.2	11
32	Hormonal diagnosis of GH hypersecretory states. Journal of Endocrinological Investigation, 2003, 26, 27-35.	1.8	11
33	Effects of alprazolam, a benzodiazepine, on the ACTH, GH- and PRL-releasing activity of hexarelin, a synthetic peptidyl GH secretagogue (GHS), in patients with simple obesity and in patients with Cushing's disease. Pituitary, 1999, 2, 197-204.	1.6	10
34	Second-Day Morning Cortisol Levels after Transsphenoidal Surgery Are Accurate Predictors of Secondary Adrenal Insufficiency with Diagnostic Cut-Offs Similar to Those in Non-Stressed Conditions. Neuroendocrinology, 2021, 111, 639-649.	1.2	9
35	Growth hormone/insulin-like growth factor I axis, glucose metabolism, and lipolysis but not leptin show some degree of refractoriness to short-term fasting in acromegaly. Journal of Endocrinological Investigation, 2008, 31, 1103-1109.	1.8	8
36	Usefulness of an ad hoc questionnaire (Acro-CQ) for the systematic assessment of acromegaly comorbidities at diagnosis and their management at follow-up. Journal of Endocrinological Investigation, 2016, 39, 1277-1284.	1.8	8

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37	Morning Serum Cortisol Level Predicts Central Adrenal Insufficiency Diagnosed by Insulin Tolerance Test. <i>Neuroendocrinology</i> , 2021, 111, 1238-1248.	1.2	7
38	Progression of pituitary tumours: impact of GH secretory status and long-term GH replacement therapy. <i>Endocrine</i> , 2019, 63, 341-347.	1.1	6
39	Acromegaly and joint pain: is there something more? A cross-sectional study to evaluate rheumatic disorders in growth hormone secreting tumor patients. <i>Journal of Endocrinological Investigation</i> , 2020, 43, 1661-1667.	1.8	6
40	Biliary adverse events in acromegaly during somatostatin receptor ligands: predictors of onset and response to ursodeoxycholic acid treatment. <i>Pituitary</i> , 2021, 24, 242-251.	1.6	6
41	Alprazolam, a benzodiazepine, blunts but does not abolish the ACTH and cortisol response to hexarelin, a GHRP, in obese patients. <i>International Journal of Obesity</i> , 2000, 24, S136-S137.	1.6	5
42	Activation of pituitary axis according to underlying critical illness and its effect on outcome. <i>Journal of Critical Care</i> , 2019, 54, 22-29.	1.0	5
43	Primary Pituitary Lymphoma As Rare Cause Of A Pituitary Mass And Hypopituitarism In Adulthood. <i>Endocrine Practice</i> , 2020, 26, 1337-1350.	1.1	5
44	Acylated ghrelin as provocative test for the diagnosis of ACTH deficiency in patients with hypothalamusâ€™ pituitary disease. <i>Endocrine</i> , 2015, 50, 474-482.	1.1	3
45	Development and Internal Validation of a Predictive Model for Adult GH Deficiency Prior to Stimulation Tests. <i>Frontiers in Endocrinology</i> , 2021, 12, 737947.	1.5	3
46	Untreated adult GH deficiency is not associated with the development of metabolic risk factors: a long-term observational study. <i>Journal of Endocrinological Investigation</i> , 2020, 43, 197-207.	1.8	2
47	Are there country-specific differences in the use of pegvisomant for acromegaly in clinical practice? An analysis from ACROSTUDY. <i>Journal of Endocrinological Investigation</i> , 2022, 45, 1535-1545.	1.8	2
48	First but not second postoperative day growth hormone assessments as early predictive tests for long-term acromegaly persistence. <i>Journal of Endocrinological Investigation</i> , 2021, 44, 2427-2433.	1.8	1
49	Optimal timing of blood samplings to detect GH inhibition during oral glucose tolerance test. <i>Journal of Endocrinological Investigation</i> , 2022, 45, 981.	1.8	0