

# Silvia Grottoli

## List of Publications by Year in descending order

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Version: 2024-02-01

49  
papers

989  
citations

393982

19  
h-index

476904

29  
g-index

54  
all docs

54  
docs citations

54  
times ranked

1137  
citing authors

#	ARTICLE	IF	CITATIONS
1	Optimal timing of blood samplings to detect GH inhibition during oral glucose tolerance test. Journal of Endocrinological Investigation, 2022, 45, 981.	1.8	0
2	Are there country-specific differences in the use of pegvisomant for acromegaly in clinical practice? An analysis from ACROSTUDY. Journal of Endocrinological Investigation, 2022, 45, 1535-1545.	1.8	2
3	Endocrine disrupting chemicals: effects on pituitary, thyroid and adrenal glands. Endocrine, 2022, 78, 395-405.	1.1	18
4	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
5	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
6	Systemic steroids in patients with COVID-19: pros and contras, an endocrinological point of view. Journal of Endocrinological Investigation, 2021, 44, 873-875.	1.8	28
7	Biliary adverse events in acromegaly during somatostatin receptor ligands: predictors of onset and response to ursodeoxycholic acid treatment. Pituitary, 2021, 24, 242-251.	1.6	6
8	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
9	Traumatic Brain Injury as Frequent Cause of Hypopituitarism and Growth Hormone Deficiency: Epidemiology, Diagnosis, and Treatment. Frontiers in Endocrinology, 2021, 12, 634415.	1.5	29
10	First but not second postoperative day growth hormone assessments as early predictive tests for long-term acromegaly persistence. Journal of Endocrinological Investigation, 2021, 44, 2427-2433.	1.8	1
11	Development and Internal Validation of a Predictive Model for Adult GH Deficiency Prior to Stimulation Tests. Frontiers in Endocrinology, 2021, 12, 737947.	1.5	3
12	Morning Serum Cortisol Level Predicts Central Adrenal Insufficiency Diagnosed by Insulin Tolerance Test. Neuroendocrinology, 2021, 111, 1238-1248.	1.2	7
13	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
14	Untreated adult GH deficiency is not associated with the development of metabolic risk factors: a long-term observational study. Journal of Endocrinological Investigation, 2020, 43, 197-207.	1.8	2
15	Surgical management of pituitary adenomas: does age matter?. Pituitary, 2020, 23, 92-102.	1.6	16
16	Primary Pituitary Lymphoma As Rare Cause Of A Pituitary Mass And Hypopituitarism In Adulthood. Endocrine Practice, 2020, 26, 1337-1350.	1.1	5
17	Treatment of Acromegalic Osteopathy in Real-life Clinical Practice: The BAAC (Bone Active Drugs in) Tj ETQq1 1 0.784314 rgBT /Overl	1.8	18
18	Acromegaly and joint pain: is there something more? A cross-sectional study to evaluate rheumatic disorders in growth hormone secreting tumor patients. Journal of Endocrinological Investigation, 2020, 43, 1661-1667.	1.8	6

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19	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
20	Arthropathy in acromegaly: a questionnaire-based estimation of motor disability and its relation with quality of life and work productivity. <i>Pituitary</i> , 2019, 22, 552-560.	1.6	19
21	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
22	How to improve effectiveness of pegvisomant treatment in acromegalic patients. <i>Journal of Endocrinological Investigation</i> , 2018, 41, 575-581.	1.8	18
23	Pegvisomant in acromegaly: an update. <i>Journal of Endocrinological Investigation</i> , 2017, 40, 577-589.	1.8	53
24	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
25	Management of GH treatment in adult GH deficiency. <i>Best Practice and Research in Clinical Endocrinology and Metabolism</i> , 2017, 31, 13-24.	2.2	19
26	Acromegaly is associated with increased cancer risk: a survey in Italy. <i>Endocrine-Related Cancer</i> , 2017, 24, 495-504.	1.6	61
27	<scp>ACROSCORE</scp>: 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
28	Usefulness of an ad hoc questionnaire (Acro-CQ) for the systematic assessment of acromegaly comorbidities at diagnosis and their management at follow-up. <i>Journal of Endocrinological Investigation</i> , 2016, 39, 1277-1284.	1.8	8
29	Hypothalamic-Pituitary Autoimmunity and Traumatic Brain Injury. <i>Journal of Clinical Medicine</i> , 2015, 4, 1025-1035.	1.0	26
30	Does pegvisomant treatment expertise improve control of resistant acromegaly? The Italian ACROSTUDY experience. <i>Journal of Endocrinological Investigation</i> , 2015, 38, 1099-1109.	1.8	12
31	ACROSTUDY: the Italian experience. <i>Endocrine</i> , 2015, 48, 334-341.	1.1	38
32	Retrospective observational analysis of non-irradiated non-functioning pituitary adenomas. <i>Journal of Endocrinological Investigation</i> , 2015, 38, 1191-1197.	1.8	11
33	Acylated ghrelin as provocative test for the diagnosis of ACTH deficiency in patients with hypothalamus&acirc; pituitary disease. <i>Endocrine</i> , 2015, 50, 474-482.	1.1	3
34	Use of Pegvisomant in acromegaly. An Italian Society of Endocrinology guideline. <i>Journal of Endocrinological Investigation</i> , 2014, 37, 1017-1030.	1.8	45
35	Hypopituitarism following brain injury: when does it occur and how best to test?. <i>Pituitary</i> , 2012, 15, 20-24.	1.6	46
36	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. <i>Journal of Endocrinological Investigation</i> , 2008, 31, 1103-1109.	1.8	8

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37	Pegvisomant in acromegaly: Why, when, how. <i>Journal of Endocrinological Investigation</i> , 2007, 30, 693-699.	1.8	35
38	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. <i>Journal of Endocrinological Investigation</i> , 2005, 28, 978-983.	1.8	18
39	Cost-of-illness study in acromegalic patients in Italy. <i>Journal of Endocrinological Investigation</i> , 2004, 27, 1034-1039.	1.8	45
40	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
41	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
42	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
43	Hormonal diagnosis of GH hypersecretory states. <i>Journal of Endocrinological Investigation</i> , 2003, 26, 27-35.	1.8	11
44	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
45	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
46	Elderly subjects show severe impairment of dehydroepiandrosterone sulphate and reduced sensitivity of cortisol and aldosterone response to the stimulatory effect of ACTH <sub>1-24</sub> . <i>Clinical Endocrinology</i> , 2001, 55, 259-265.	1.2	35
47	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
48	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. <i>Pituitary</i> , 1999, 2, 197-204.	1.6	10
49	In Obesity, Glucose Load Loses Its Early Inhibitory, But Maintains Its Late Stimulatory, Effect on Somatotrope Secretion. <i>Journal of Clinical Endocrinology and Metabolism</i> , 1997, 82, 2261-2265.	1.8	18