Marzio Frazzoni

List of Publications by Year
in descending order

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Version: 2024-02-01

70 papers	3,067 citations	136740 32 h-index	161609 54 g-index
70 all docs	70 docs citations	70 times ranked	1316 citing authors

#	Article	IF	Citations
1	The Role of Nonacid Reflux in NERD: Lessons Learned From Impedance-pH Monitoring in 150 Patients off Therapy. American Journal of Gastroenterology, 2008, 103, 2685-2693.	0.2	224
2	Analyses of the Post-reflux Swallow-induced Peristaltic Wave Index and Nocturnal Baseline Impedance Parameters Increase the Diagnostic Yield of Impedance-pH Monitoring of Patients With Reflux Disease. Clinical Gastroenterology and Hepatology, 2016, 14, 40-46.	2.4	222
3	Esophageal baseline impedance levels in patients with pathophysiological characteristics of functional heartburn. Neurogastroenterology and Motility, 2014, 26, 546-555.	1.6	185
4	The added value of impedance-pH monitoring to Rome III criteria in distinguishing functional heartburn from non-erosive reflux disease. Digestive and Liver Disease, 2011, 43, 542-547.	0.4	140
5	Esophageal chemical clearance is impaired in gastroâ€esophageal reflux disease â€“ a 24â€h impedanceâ€pH monitoring assessment. Neurogastroenterology and Motility, 2013, 25, 399.	1.6	130
6	Association Between Baseline Impedance Values and Response Proton Pump Inhibitors in Patients With Heartburn. Clinical Gastroenterology and Hepatology, 2015, 13, 1082-1088.e1.	2.4	121
7	Postreflux swallowâ€induced peristaltic wave index and nocturnal baseline impedance can link <scp>PPI</scp>â€responsive heartburn to reflux better than acid exposure time. Neurogastroenterology and Motility, 2017, 29, e13116.	1.6	107
8	The added diagnostic value of postreflux swallowâ€induced peristaltic wave index and nocturnal baseline impedance in refractory reflux disease studied with onâ€therapy impedanceâ€pH monitoring. Neurogastroenterology and Motility, 2017, 29, e12947.	1.6	107
9	Impairment of chemical clearance and mucosal integrity distinguishes hypersensitive esophagus from functional heartburn. Journal of Gastroenterology, 2017, 52, 444-451.	2.3	96
10	Laparoscopic fundoplication for gastroesophageal reflux disease. World Journal of Gastroenterology, 2014, 20, 14272.	1.4	74
11	Characteristics of gastro-esophageal reflux episodes in Barrettâ€™s esophagus, erosive esophagitis and healthy volunteers. Neurogastroenterology and Motility, 2010, 22, 1061-e280.	1.6	72
12	Refractory gastroesophageal reflux disease as diagnosed by impedance-pH monitoring can be cured by laparoscopic fundoplication. Surgical Endoscopy and Other Interventional Techniques, 2013, 27, 2940-2946.	1.3	72
13	Gastroesophageal reflux disease, functional dyspepsia and irritable bowel syndrome: common overlapping gastrointestinal disorders. Annals of Gastroenterology, 2018, 31, 639-648.	0.4	68
14	Impedance-pH Monitoring for Diagnosis of Reflux Disease: New Perspectives. Digestive Diseases and Sciences, 2017, 62, 1881-1889.	1.1	66
15	Vigor of peristalsis during multiple rapid swallows is inversely correlated with acid exposure time in patients with <scp>NERD</scp>. Neurogastroenterology and Motility, 2016, 28, 243-250.	1.6	63
16	Reflux Parameters as Modified by Laparoscopic Fundoplication in 40 Patients with Heartburn/Regurgitation Persisting Despite PPI Therapy: A Study Using Impedance-pH Monitoring. Digestive Diseases and Sciences, 2011, 56, 1099-1106.	1.1	60
17	Lack of improvement of impaired chemical clearance characterizes PPI-refractory reflux-related heartburn. American Journal of Gastroenterology, 2018, 113, 670-676.	0.2	60
18	Pathophysiological characteristics of patients with non-erosive reflux disease differ from those of patients with functional heartburn. Alimentary Pharmacology and Therapeutics, 2004, 20, 81-88.	1.9	57

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19	Functional Heartburn Overlaps With Irritable Bowel Syndrome More Often than GERD. American Journal of Gastroenterology, 2016, 111, 1711-1717.	0.2	55
20	Reflux patterns in patients with shortâ€segment Barrettâ€™s oesophagus: a study using impedanceâ€pH monitoring off and on proton pump inhibitor therapy. Alimentary Pharmacology and Therapeutics, 2009, 30, 508-515.	1.9	53
21	Reflux parameters as modified by EsophyX or laparoscopic fundoplication in refractory GERD. Alimentary Pharmacology and Therapeutics, 2011, 34, 67-75.	1.9	52
22	Normal values and regional differences in oesophageal impedance-pH metrics: a consensus analysis of impedance-pH studies from around the world. Gut, 2021, 70, 1441-1449.	6.1	49
23	Impairment of chemical clearance is relevant to the pathogenesis of refractory reflux oesophagitis. Digestive and Liver Disease, 2014, 46, 596-602.	0.4	46
24	Inter-reviewer Variability in Interpretation of pH-Impedance Studies: The Wingate Consensus. Clinical Gastroenterology and Hepatology, 2021, 19, 1976-1978.e1.	2.4	45
25	Hiatal hernia is the key factor determining the lansoprazole dosage required for effective intra-oesophageal acid suppression. Alimentary Pharmacology and Therapeutics, 2002, 16, 881-886.	1.9	44
26	Role of Reflux in the Pathogenesis of Eosinophilic Esophagitis: Comprehensive Appraisal With Off- and On PPI Impedance-pH Monitoring. American Journal of Gastroenterology, 2019, 114, 1606-1613.	0.2	42
27	Novel impedanceâ€pH parameters are associated with proton pump inhibitor response in patients with inconclusive diagnosis of gastroâ€oesophageal reflux disease according to Lyon Consensus. Alimentary Pharmacology and Therapeutics, 2021, 54, 412-418.	1.9	42
28	Weakly acidic refluxes have a major role in the pathogenesis of proton pump inhibitorâ€resistant reflux oesophagitis. Alimentary Pharmacology and Therapeutics, 2011, 33, 601-606.	1.9	41
29	A review of pharmacotherapy for treating gastroesophageal reflux disease (GERD). Expert Opinion on Pharmacotherapy, 2017, 18, 1333-1343.	0.9	39
30	The added value of quantitative analysis of onâ€therapy impedanceâ€pH parameters in distinguishing refractory nonâ€erosive reflux disease from functional heartburn. Neurogastroenterology and Motility, 2012, 24, 141.	1.6	38
31	Esophageal High-Resolution Manometry Can Unravel the Mechanisms by Which Different Bariatric Techniques Produce Different Reflux Exposures. Journal of Gastrointestinal Surgery, 2020, 24, 1-7.	0.9	37
32	Pathophysiological characteristics of the various forms of gastro-oesophageal reflux disease. Digestive and Liver Disease, 2006, 38, 643-648.	0.4	36
33	Achalasia and Obstructive Motor Disorders Are Not Uncommon in Patients With Eosinophilic Esophagitis. Clinical Gastroenterology and Hepatology, 2021, 19, 1554-1563.	2.4	34
34	Application of Lyon Consensus criteria for GORD diagnosis: evaluation of conventional and new impedance-pH parameters. Gut, 2022, 71, 1062-1067.	6.1	32
35	Updates in the field of non-esophageal gastroesophageal reflux disorder. Expert Review of Gastroenterology and Hepatology, 2019, 13, 827-838.	1.4	31
36	Conventional versus robot-assisted laparoscopic Nissen fundoplication: a comparison of postoperative acid reflux parameters. Surgical Endoscopy and Other Interventional Techniques, 2012, 26, 1675-1681.	1.3	30

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37	Critical appraisal of Rome IV criteria: hypersensitive esophagus does belong to gastroesophageal reflux disease spectrum. Annals of Gastroenterology, 2017, 31, 1-7.	0.4	28
38	A SIGE-SINGEM-AIGO technical review on the clinical use of esophageal reflux monitoring. Digestive and Liver Disease, 2020, 52, 966-980.	0.4	27
39	Value of pH Impedance Monitoring While on Twice-Daily Proton Pump Inhibitor Therapy to Identify Need for Escalation of Reflux Management. Gastroenterology, 2021, 161, 1412-1422.	0.6	27
40	Neoplastic progression in shortâ€segment Barrett's oesophagus is associated with impairment of chemical clearance, but not inadequate acid suppression by <scp>proton pump inhibitor</scp> therapy. Alimentary Pharmacology and Therapeutics, 2014, 40, 835-842.	1.9	26
41	The Lyon Consensus: Does It Differ From the Previous Ones?. Journal of Neurogastroenterology and Motility, 2020, 26, 311-321.	0.8	26
42	Applying Lyon Consensus criteria in the workâ€up of patients with proton pump inhibitoryâ€refractory heartburn. Alimentary Pharmacology and Therapeutics, 2022, 55, 1423-1430.	1.9	24
43	Bile reflux in patients with nerd is associated with more severe heartburn and lower values of mean nocturnal baseline impedance and chemical clearance. Neurogastroenterology and Motility, 2020, 32, e13919.	1.6	23
44	Pathophysiology, diagnosis, and pharmacological treatment of gastro-esophageal reflux disease. Expert Review of Clinical Pharmacology, 2020, 13, 437-449.	1.3	21
45	Esophageal pH increments associated with postâ€reflux swallowâ€induced peristaltic waves show the occurrence and relevance of esophagoâ€salivary reflex in clinical setting. Neurogastroenterology and Motility, 2021, 33, e14085.	1.6	20
46	Vegetal and Animal Food Proteins Have a Different Impact in the First Postprandial Hour of Impedance-pH Analysis in Patients with Heartburn. Gastroenterology Research and Practice, 2018, 2018, 1-7.	0.7	17
47	Laparoscopic fundoplication versus lansoprazole for gastro-oesophageal reflux disease. A pH-metric comparison. Digestive and Liver Disease, 2002, 34, 99-104.	0.4	16
48	Esophageal reflux hypersensitivity: Non-GERD or still GERD?. Digestive and Liver Disease, 2020, 52, 1413-1420.	0.4	16
49	Chicago classification v4.0 protocol improves specificity and accuracy of diagnosis of oesophagogastric junction outflow obstruction. Alimentary Pharmacology and Therapeutics, 2022, 56, 606-613.	1.9	16
50	Response of eosinophilic oesophagitis to proton pump inhibitors is associated with impedanceâ€pH parameters implying antiâ€reflux mechanism of action. Alimentary Pharmacology and Therapeutics, 2021, 53, 1183-1189.	1.9	15
51	Manually calculated oesophageal bolus clearance time increases in parallel with reflux severity at impedance-pH monitoring. Digestive and Liver Disease, 2015, 47, 1027-1032.	0.4	12
52	Esophageal chemical clearance and baseline impedance values in patients with chronic autoimmune atrophic gastritis and gastro-esophageal reflux disease. Digestive and Liver Disease, 2017, 49, 978-983.	0.4	12
53	Clinical use of mean nocturnal baseline impedance and post-reflux swallow-induced peristaltic wave index for the diagnosis of gastro-esophageal reflux disease. Esophagus, 2022, 19, 525-534.	1.0	11
54	Episodeâ€level reflux characteristics: How experienced reviewers differentiate true reflux from artifact on pHâ€impedance studies. Neurogastroenterology and Motility, 2022, 34, e14153.	1.6	10

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55	Reflux characteristics triggering postâ€reflux swallowâ€induced peristaltic wave (PSPW) in patients with GERD symptoms. Neurogastroenterology and Motility, 2022, 34, e14183.	1.6	10
56	Pre-operative clinical and instrumental factors as antireflux surgery outcome predictors. World Journal of Gastrointestinal Surgery, 2016, 8, 719.	0.8	9
57	Systematic review with metaâ€analysis: the appropriateness of colonoscopy increases the probability of relevant findings and cancer while reducing unnecessary exams. Alimentary Pharmacology and Therapeutics, 2021, 53, 22-32.	1.9	8
58	Zenker diverticulectomy: first report of robot-assisted transaxillary approach. Journal of Robotic Surgery, 2015, 9, 75-78.	1.0	7
59	Association between postâ€reflux swallowâ€induced peristaltic wave index and esophageal mucosal integrity in patients with GERD symptoms. Neurogastroenterology and Motility, 2023, 35, e14344.	1.6	4
60	Advancements in the use of 24-hour impedance-pH monitoring for GERD diagnosis. Current Opinion in Pharmacology, 2022, 65, 102264.	1.7	4
61	Editorial: inconclusive diagnosis of GERD: are new parameters in impedanceâ€pHmetry ready for clinical use? Authors' reply. Alimentary Pharmacology and Therapeutics, 2021, 54, 498-499.	1.9	2
62	Proton pump inhibitor-refractory gastroesophageal reflux disease: current diagnosis and management. Minerva Gastroenterology, 2017, 63, 249-256.	0.3	2
63	Relevance of Excessive Air Swallowing in GERD Patients With Concomitant Functional Dyspepsia and Poor Response to PPI Therapy. Journal of Clinical Gastroenterology, 2023, 57, 466-471.	1.1	2
64	Endoscopic and Surgical Management of Zenkerâ€™s Diverticulum: New Approaches. , 2017, , 179-187.		1
65	Anti-reflux Procedures and Cardioesophagomyotomy. Updates in Surgery Series, 2015, , 51-58.	0.0	1
66	Reply to â€œThe importance of subgrouping refractory NERD patients according to esophageal pH-impedance testingâ€• Surgical Endoscopy and Other Interventional Techniques, 2013, 27, 4403-4405.	1.3	0
67	Authorsâ€™ reply to Comment on â€œImpairment of chemical clearance is relevant to the pathogenesis of refractory reflux oesophagitisâ€œ by Marzio Frazzoni et al. [Digestive and Liver Disease 2014;46:596â€“602]. Digestive and Liver Disease, 2014, 46, 1052-1053.	0.4	0
68	Editorial: postâ€reflux swallowâ€induced peristaltic wave in eosinophilic oesophagitisâ€”more questions than answers? Authors' reply. Alimentary Pharmacology and Therapeutics, 2021, 54, 190-191.	1.9	0
69	The Diagnostic Yield of Novel Parameters in Reflux Monitoring. , 2017, , 217-227.		0
70	Editorial: Lyon consensus metricsâ€”towards personalised diagnosis of nonâ€erosive reflux disease: Authors' reply. Alimentary Pharmacology and Therapeutics, 2022, 55, 1216-1217.	1.9	0