

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	Association between post-reflux swallow-induced peristaltic wave index and esophageal mucosal integrity in patients with GERD symptoms. <i>Neurogastroenterology and Motility</i> , 2023, 35, e14344.	1.6	4
2	Relevance of Excessive Air Swallowing in GERD Patients With Concomitant Functional Dyspepsia and Poor Response to PPI Therapy. <i>Journal of Clinical Gastroenterology</i> , 2023, 57, 466-471.	1.1	2
3	Episode-level reflux characteristics: How experienced reviewers differentiate true reflux from artifact on pH-impedance studies. <i>Neurogastroenterology and Motility</i> , 2022, 34, e14153.	1.6	10
4	Reflux characteristics triggering post-reflux swallow-induced peristaltic wave (PSPW) in patients with GERD symptoms. <i>Neurogastroenterology and Motility</i> , 2022, 34, e14183.	1.6	10
5	Application of Lyon Consensus criteria for GORD diagnosis: evaluation of conventional and new impedance-pH parameters. <i>Gut</i> , 2022, 71, 1062-1067.	6.1	32
6	Applying Lyon Consensus criteria in the work-up of patients with proton pump inhibitory-refractory heartburn. <i>Alimentary Pharmacology and Therapeutics</i> , 2022, 55, 1423-1430.	1.9	24
7	Editorial: Lyon consensus metrics" towards personalised diagnosis of non-erosive reflux disease: Authors' reply. <i>Alimentary Pharmacology and Therapeutics</i> , 2022, 55, 1216-1217.	1.9	0
8	Chicago classification v4.0 protocol improves specificity and accuracy of diagnosis of oesophago-gastric junction outflow obstruction. <i>Alimentary Pharmacology and Therapeutics</i> , 2022, 56, 606-613.	1.9	16
9	Clinical use of mean nocturnal baseline impedance and post-reflux swallow-induced peristaltic wave index for the diagnosis of gastro-esophageal reflux disease. <i>Esophagus</i> , 2022, 19, 525-534.	1.0	11
10	Advancements in the use of 24-hour impedance-pH monitoring for GERD diagnosis. <i>Current Opinion in Pharmacology</i> , 2022, 65, 102264.	1.7	4
11	Inter-reviewer Variability in Interpretation of pH-Impedance Studies: The Wingate Consensus. <i>Clinical Gastroenterology and Hepatology</i> , 2021, 19, 1976-1978.e1.	2.4	45
12	Normal values and regional differences in oesophageal impedance-pH metrics: a consensus analysis of impedance-pH studies from around the world. <i>Gut</i> , 2021, 70, 1441-1449.	6.1	49
13	Achalasia and Obstructive Motor Disorders Are Not Uncommon in Patients With Eosinophilic Esophagitis. <i>Clinical Gastroenterology and Hepatology</i> , 2021, 19, 1554-1563.	2.4	34
14	Esophageal pH increments associated with post-reflux swallow-induced peristaltic waves show the occurrence and relevance of esophago-salivary reflex in clinical setting. <i>Neurogastroenterology and Motility</i> , 2021, 33, e14085.	1.6	20
15	Editorial: post-reflux swallow-induced peristaltic wave in eosinophilic oesophagitis" more questions than answers? Authors' reply. <i>Alimentary Pharmacology and Therapeutics</i> , 2021, 54, 190-191.	1.9	0
16	Novel impedance-pH parameters are associated with proton pump inhibitor response in patients with inconclusive diagnosis of gastro-oesophageal reflux disease according to Lyon Consensus. <i>Alimentary Pharmacology and Therapeutics</i> , 2021, 54, 412-418.	1.9	42
17	Editorial: inconclusive diagnosis of GERD: are new parameters in impedance-pHmetry ready for clinical use? Authors' reply. <i>Alimentary Pharmacology and Therapeutics</i> , 2021, 54, 498-499.	1.9	2
18	Value of pH Impedance Monitoring While on Twice-Daily Proton Pump Inhibitor Therapy to Identify Need for Escalation of Reflux Management. <i>Gastroenterology</i> , 2021, 161, 1412-1422.	0.6	27

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19	Response of eosinophilic oesophagitis to proton pump inhibitors is associated with impedance-pH parameters implying anti-reflux mechanism of action. <i>Alimentary Pharmacology and Therapeutics</i> , 2021, 53, 1183-1189.	1.9	15
20	Systematic review with meta-analysis: the appropriateness of colonoscopy increases the probability of relevant findings and cancer while reducing unnecessary exams. <i>Alimentary Pharmacology and Therapeutics</i> , 2021, 53, 22-32.	1.9	8
21	Esophageal High-Resolution Manometry Can Unravel the Mechanisms by Which Different Bariatric Techniques Produce Different Reflux Exposures. <i>Journal of Gastrointestinal Surgery</i> , 2020, 24, 1-7.	0.9	37
22	Esophageal reflux hypersensitivity: Non-GERD or still GERD?. <i>Digestive and Liver Disease</i> , 2020, 52, 1413-1420.	0.4	16
23	A SIGE-SINGEM-AIGO technical review on the clinical use of esophageal reflux monitoring. <i>Digestive and Liver Disease</i> , 2020, 52, 966-980.	0.4	27
24	The Lyon Consensus: Does It Differ From the Previous Ones?. <i>Journal of Neurogastroenterology and Motility</i> , 2020, 26, 311-321.	0.8	26
25	Bile reflux in patients with nerd is associated with more severe heartburn and lower values of mean nocturnal baseline impedance and chemical clearance. <i>Neurogastroenterology and Motility</i> , 2020, 32, e13919.	1.6	23
26	Pathophysiology, diagnosis, and pharmacological treatment of gastro-esophageal reflux disease. <i>Expert Review of Clinical Pharmacology</i> , 2020, 13, 437-449.	1.3	21
27	Updates in the field of non-esophageal gastroesophageal reflux disorder. <i>Expert Review of Gastroenterology and Hepatology</i> , 2019, 13, 827-838.	1.4	31
28	Role of Reflux in the Pathogenesis of Eosinophilic Esophagitis: Comprehensive Appraisal With Off- and On PPI Impedance-pH Monitoring. <i>American Journal of Gastroenterology</i> , 2019, 114, 1606-1613.	0.2	42
29	Lack of improvement of impaired chemical clearance characterizes PPI-refractory reflux-related heartburn. <i>American Journal of Gastroenterology</i> , 2018, 113, 670-676.	0.2	60
30	Gastroesophageal reflux disease, functional dyspepsia and irritable bowel syndrome: common overlapping gastrointestinal disorders. <i>Annals of Gastroenterology</i> , 2018, 31, 639-648.	0.4	68
31	Vegetal and Animal Food Proteins Have a Different Impact in the First Postprandial Hour of Impedance-pH Analysis in Patients with Heartburn. <i>Gastroenterology Research and Practice</i> , 2018, 2018, 1-7.	0.7	17
32	Impairment of chemical clearance and mucosal integrity distinguishes hypersensitive esophagus from functional heartburn. <i>Journal of Gastroenterology</i> , 2017, 52, 444-451.	2.3	96
33	Esophageal chemical clearance and baseline impedance values in patients with chronic autoimmune atrophic gastritis and gastro-esophageal reflux disease. <i>Digestive and Liver Disease</i> , 2017, 49, 978-983.	0.4	12
34	Postreflux swallow-induced peristaltic wave index and nocturnal baseline impedance can link PPI-responsive heartburn to reflux better than acid exposure time. <i>Neurogastroenterology and Motility</i> , 2017, 29, e13116.	1.6	107
35	Impedance-pH Monitoring for Diagnosis of Reflux Disease: New Perspectives. <i>Digestive Diseases and Sciences</i> , 2017, 62, 1881-1889.	1.1	66
36	A review of pharmacotherapy for treating gastroesophageal reflux disease (GERD). <i>Expert Opinion on Pharmacotherapy</i> , 2017, 18, 1333-1343.	0.9	39

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37	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. <i>Neurogastroenterology and Motility</i> , 2017, 29, e12947.	1.6	107
38	Critical appraisal of Rome IV criteria: hypersensitive esophagus does belong to gastroesophageal reflux disease spectrum. <i>Annals of Gastroenterology</i> , 2017, 31, 1-7.	0.4	28
39	Endoscopic and Surgical Management of Zenkerâ€™s Diverticulum: New Approaches. , 2017, , 179-187.		1
40	The Diagnostic Yield of Novel Parameters in Reflux Monitoring. , 2017, , 217-227.		0
41	Proton pump inhibitor-refractory gastroesophageal reflux disease: current diagnosis and management. <i>Minerva Gastroenterology</i> , 2017, 63, 249-256.	0.3	2
42	Vigor of peristalsis during multiple rapid swallows is inversely correlated with acid exposure time in patients with <scp>NERD</scp>. <i>Neurogastroenterology and Motility</i> , 2016, 28, 243-250.	1.6	63
43	Functional Heartburn Overlaps With Irritable Bowel Syndrome More Often than GERD. <i>American Journal of Gastroenterology</i> , 2016, 111, 1711-1717.	0.2	55
44	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. <i>Clinical Gastroenterology and Hepatology</i> , 2016, 14, 40-46.	2.4	222
45	Pre-operative clinical and instrumental factors as antireflux surgery outcome predictors. <i>World Journal of Gastrointestinal Surgery</i> , 2016, 8, 719.	0.8	9
46	Association Between Baseline Impedance Values and Response Proton Pump Inhibitors in Patients With Heartburn. <i>Clinical Gastroenterology and Hepatology</i> , 2015, 13, 1082-1088.e1.	2.4	121
47	Zenker diverticulectomy: first report of robot-assisted transaxillary approach. <i>Journal of Robotic Surgery</i> , 2015, 9, 75-78.	1.0	7
48	Manually calculated oesophageal bolus clearance time increases in parallel with reflux severity at impedance-pH monitoring. <i>Digestive and Liver Disease</i> , 2015, 47, 1027-1032.	0.4	12
49	Anti-reflux Procedures and Cardioresophagomyotomy. <i>Updates in Surgery Series</i> , 2015, , 51-58.	0.0	1
50	Laparoscopic fundoplication for gastroesophageal reflux disease. <i>World Journal of Gastroenterology</i> , 2014, 20, 14272.	1.4	74
51	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. <i>Alimentary Pharmacology and Therapeutics</i> , 2014, 40, 835-842.	1.9	26
52	Esophageal baseline impedance levels in patients with pathophysiological characteristics of functional heartburn. <i>Neurogastroenterology and Motility</i> , 2014, 26, 546-555.	1.6	185
53	Impairment of chemical clearance is relevant to the pathogenesis of refractory reflux oesophagitis. <i>Digestive and Liver Disease</i> , 2014, 46, 596-602.	0.4	46
54	Authorsâ€™ reply to Comment on â€œImpairment of chemical clearance is relevant to the pathogenesis of refractory reflux oesophagitisâ€ by Marzio Frazzoni et al. [<i>Digestive and Liver Disease</i> 2014;46:596â€“602]. <i>Digestive and Liver Disease</i> , 2014, 46, 1052-1053.	0.4	0

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55	Reply to "The importance of subgrouping refractory NERD patients according to esophageal pH-impedance testing". Surgical Endoscopy and Other Interventional Techniques, 2013, 27, 4403-4405.	1.3	0
56	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
57	Esophageal chemical clearance is impaired in gastroesophageal reflux disease: a 24-h impedance-pH monitoring assessment. Neurogastroenterology and Motility, 2013, 25, 399.	1.6	130
58	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
59	The added value of quantitative analysis of on-therapy impedance-pH parameters in distinguishing refractory non-erosive reflux disease from functional heartburn. Neurogastroenterology and Motility, 2012, 24, 141.	1.6	38
60	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
61	Weakly acidic refluxes have a major role in the pathogenesis of proton pump inhibitor-resistant reflux oesophagitis. Alimentary Pharmacology and Therapeutics, 2011, 33, 601-606.	1.9	41
62	Reflux parameters as modified by EsophyX or laparoscopic fundoplication in refractory GERD. Alimentary Pharmacology and Therapeutics, 2011, 34, 67-75.	1.9	52
63	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
64	Characteristics of gastro-esophageal reflux episodes in Barrett's esophagus, erosive esophagitis and healthy volunteers. Neurogastroenterology and Motility, 2010, 22, 1061-e280.	1.6	72
65	Reflux patterns in patients with short-segment Barrett's esophagus: a study using impedance-pH monitoring off and on proton pump inhibitor therapy. Alimentary Pharmacology and Therapeutics, 2009, 30, 508-515.	1.9	53
66	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
67	Pathophysiological characteristics of the various forms of gastro-oesophageal reflux disease. Digestive and Liver Disease, 2006, 38, 643-648.	0.4	36
68	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
69	Laparoscopic fundoplication versus lansoprazole for gastro-oesophageal reflux disease. A pH-metric comparison. Digestive and Liver Disease, 2002, 34, 99-104.	0.4	16
70	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