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List of Publications by Year in descending order

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Version: 2024-02-01

22
papers

469
citations

933447

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713466

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24
all docs

24
docs citations

24
times ranked

963
citing authors

#	ARTICLE	IF	CITATIONS
1	In pediatric rheumatologic disease, methotrexate leads to mildly changed bloodwork on the second day after administration. <i>Pediatric Rheumatology</i> , 2022, 20, 23.	2.1	0
2	Experiences with IL-1 blockade in systemic juvenile idiopathic arthritis – data from the German AID-registry. <i>Pediatric Rheumatology</i> , 2021, 19, 38.	2.1	7
3	Infection with SARS-CoV-2 causes flares in patients with juvenile idiopathic arthritis in remission or inactive disease on medication. <i>Pediatric Rheumatology</i> , 2021, 19, 163.	2.1	14
4	Impact of IL1RN Variants on Response to Interleukin-1 Blocking Therapy in Systemic Juvenile Idiopathic Arthritis. <i>Arthritis and Rheumatology</i> , 2020, 72, 499-505.	5.6	11
5	Biologic Therapies in Polyarticular Juvenile Idiopathic Arthritis. Comparison of Long-Term Safety Data from the German BIKER Registry. <i>ACR Open Rheumatology</i> , 2020, 2, 37-47.	2.1	19
6	MTX intolerance in children and adolescents with juvenile idiopathic arthritis. <i>Rheumatology</i> , 2020, 59, 1482-1488.	1.9	7
7	Mutations in topoisomerase II β result in a B cell immunodeficiency. <i>Nature Communications</i> , 2019, 10, 3644.	12.8	37
8	Successful use of secukinumab in a 4-year-old patient with deficiency of interleukin-36 antagonist. <i>Rheumatology</i> , 2018, 57, 936-938.	1.9	30
9	Successful treatment of methotrexate intolerance in juvenile idiopathic arthritis using eye movement desensitization and reprocessing – treatment protocol and preliminary results. <i>Pediatric Rheumatology</i> , 2018, 16, 11.	2.1	8
10	The German version of the Juvenile Arthritis Multidimensional Assessment Report (JAMAR). <i>Rheumatology International</i> , 2018, 38, 211-218.	3.0	2
11	Antinuclear Antibody-Positive Juvenile Idiopathic Arthritis Despite IRAK-4 Deficiency. <i>Journal of Clinical Immunology</i> , 2018, 38, 450-453.	3.8	2
12	Transcription factor motif enrichment in whole transcriptome analysis identifies STAT4 and BCL6 as the most prominent binding motif in systemic juvenile idiopathic arthritis. <i>Arthritis Research and Therapy</i> , 2018, 20, 98.	3.5	12
13	Countermeasures against methotrexate intolerance in juvenile idiopathic arthritis instituted by parents show no effect. <i>Rheumatology</i> , 2017, 56, kew507.	1.9	7
14	Diagnostic criteria for cryopyrin-associated periodic syndrome (CAPS). <i>Annals of the Rheumatic Diseases</i> , 2017, 76, 942-947.	0.9	175
15	Inflammatory bowel disease following anti-interleukin-1-treatment in systemic juvenile idiopathic arthritis. <i>Pediatric Rheumatology</i> , 2017, 15, 16.	2.1	30
16	Education and employment in patients with juvenile idiopathic arthritis – a standardized comparison to the German general population. <i>Pediatric Rheumatology</i> , 2017, 15, 45.	2.1	17
17	Incidence of malignancies in patients with juvenile idiopathic arthritis: A retrospective single-center cohort study in Germany. <i>Modern Rheumatology</i> , 2017, 27, 60-65.	1.8	7
18	Association between drug intake and incidence of malignancies in patients with Juvenile Idiopathic Arthritis: a nested case-control study. <i>Pediatric Rheumatology</i> , 2016, 14, 6.	2.1	3

#	ARTICLE	IF	CITATIONS
19	Mutations in the MTHFR gene are not associated with Methotrexate intolerance in patients with juvenile idiopathic arthritis. <i>Pediatric Rheumatology</i> , 2016, 14, 11.	2.1	15
20	The role of synthetic drugs in the biologic era: therapeutic strategies for treating juvenile idiopathic arthritis. <i>Expert Opinion on Pharmacotherapy</i> , 2016, 17, 703-714.	1.8	10
21	Methotrexate intolerance in oral and subcutaneous administration in patients with juvenile idiopathic arthritis: a cross-sectional, observational study. <i>Clinical and Experimental Rheumatology</i> , 2016, 34, 148-54.	0.8	22
22	Development of positive antinuclear antibodies and rheumatoid factor in systemic juvenile idiopathic arthritis points toward an autoimmune phenotype later in the disease course. <i>Pediatric Rheumatology</i> , 2014, 12, 28.	2.1	34