## João Seda-Neto

List of Publications by Year in descending order

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ΙΟΑξΟ SEDA-NETO

#	Article	IF	CITATIONS
1	Living Donor Liver Transplantation as a Backup Procedure: Treatment Strategy for Hepatocellular Adenomas Requiring Complex Resections. Case Reports in Surgery, 2022, 2022, 1-5.	0.2	1
2	Impact of COVID-19 Infection on Children and Adolescents after Liver Transplantation in a Latin American Reference Center. Microorganisms, 2022, 10, 1030.	1.6	4
3	The impact of low recipient weight [â‰\$7kg] on long-term outcomes in 1078 pediatric living donor liver transplantations. Journal of Pediatric Surgery, 2022, 57, 955-961.	0.8	3
4	Impact of hypoxemia on pediatric liver transplantation for hepatopulmonary syndrome. Pediatric Transplantation, 2021, 25, e13968.	0.5	2
5	Pediatric liver transplantation activity in a highâ€volume program during the COVIDâ€19 pandemic in Brazil. Pediatric Transplantation, 2021, 25, e14112.	0.5	5
6	Combined surgery and radiofrequency ablation for the treatment of EBV-associated smooth muscle tumors after liver transplantation in a child. Journal of Pediatric Surgery Case Reports, 2021, 72, 101957.	0.1	1
7	Intestinal complications are common in patients with acquired diaphragmatic hernia after pediatric living donor liver transplantation. Pediatric Transplantation, 2021, , e14203.	0.5	Ο
8	Technical Choices in Pediatric Living Donor Liver Transplantation: The Path to Reduce Vascular Complications and Improve Survival. Liver Transplantation, 2020, 26, 1644-1651.	1.3	16
9	Maple syrup urine disease in Brazilian patients: variants and clinical phenotype heterogeneity. Orphanet Journal of Rare Diseases, 2020, 15, 309.	1.2	7
10	Current Practice in Immunosuppression in Pediatric Liver Transplantation. Current Pharmaceutical Design, 2020, 26, 3402-3405.	0.9	2
11	Domino Liver Transplant in Maple Syrup Urine Disease: Technical Details of Cases in Which the First Surgery Involved a Living Donor. Transplantation, 2019, 103, 536-543.	0.5	14
12	Outcomes of liver transplantation in pediatric recipients with cardiovascular disease. Pediatric Transplantation, 2018, 22, e13081.	0.5	2
13	Evaluation of plasma biomarkers of inflammation in patients with maple syrup urine disease. Journal of Inherited Metabolic Disease, 2018, 41, 631-640.	1.7	15
14	Pediatric Liver Transplant: Techniques and Complications. Radiographics, 2017, 37, 1612-1631.	1.4	39
15	Pancreasâ€preserving duodenectomy after living donor liver transplantation for invasive cytomegalovirus disease. Pediatric Transplantation, 2017, 21, e13059.	0.5	2
16	Living donor liver transplantation for neonatal fulminant hepatitis due to herpes simplex virus infection. Pediatric Transplantation, 2017, 21, e13021.	0.5	7
17	Serum Markers of Neurodegeneration in Maple Syrup Urine Disease. Molecular Neurobiology, 2017, 54, 5709-5719.	1.9	21
18	Outcomes and technical aspects of liver retransplantation with living donors in children. Pediatric Transplantation, 2016, 20, 813-818.	0.5	7

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19	Twenty Years of Experience in Pediatric Living Donor Liver Transplantation. Transplantation, 2016, 100, 1066-1072.	0.5	56
20	Consensus, Dilemmas, and Challenges in Living Donor Liver Transplantation in Latin America. Transplantation, 2016, 100, 1161-1164.	0.5	8
21	Pediatric liver transplantation in Latin America: Where do we stand?. Pediatric Transplantation, 2016, 20, 408-416.	0.5	11
22	Alternatives for vascular reconstruction in pediatric living donor liver transplantation. Pediatric Transplantation, 2016, 20, 717-722.	0.5	7
23	Simultaneous or sequential gastrectomy in pediatric liver transplant recipients. Pediatric Transplantation, 2016, 20, 994-999.	0.5	1
24	Analysis of Factors Associated With Biliary Complications in Children After Liver Transplantation. Transplantation, 2016, 100, 1944-1954.	0.5	27
25	Living related versus deceased donor liver transplantation for maple syrup urine disease. Molecular Genetics and Metabolism, 2016, 117, 336-343.	0.5	27
26	Impact of Kasai portoenterostomy on liver transplantation outcomes: A retrospective cohort study of 347 children with biliary atresia. Liver Transplantation, 2015, 21, 922-927.	1.3	43
27	Risk Factors Associated with Increased Morbidity in Living Liver Donation. Journal of Transplantation, 2015, 2015, 1-8.	0.3	16
28	Biliary complications after pediatric liver transplantation: Risk factors, diagnosis and management. World Journal of Hepatology, 2015, 7, 2162.	0.8	35
29	HCC prevalence and histopathological findings in liver explants of patients with hereditary tyrosinemia type 1. Pediatric Blood and Cancer, 2014, 61, 1584-1589.	0.8	34
30	When is surgery required for the treatment of biliary complications after pediatric liver transplantation?. Liver Transplantation, 2014, 20, 879-881.	1.3	4
31	Ascites and serum sodium are markers of increased waiting list mortality in children with chronic liver failure. Hepatology, 2014, 59, 1964-1971.	3.6	47
32	Diagnosis and management of biliary complications in pediatric living donor liver transplant recipients. Liver Transplantation, 2014, 20, 882-892.	1.3	55
33	Analysis of factors associated with portal vein thrombosis in pediatric living donor liver transplant recipients. Liver Transplantation, 2014, 20, 1157-1167.	1.3	42
34	Liver transplantation after stage II palliation for hypoplastic left heart syndrome. Liver Transplantation, 2013, 19, 322-327.	1.3	2
35	Technical aspects and outcomes of living donor liver transplantation for pediatric patients with situs inversus. Liver Transplantation, 2013, 19, 431-436.	1.3	5
36	Four hundred thirty consecutive pediatric living donor liver transplants: Variables associated with posttransplant patient and graft survival. Liver Transplantation, 2012, 18, 577-584.	1.3	55

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37	Portal vein obstruction after liver transplantation in children treated by simultaneous minilaparotomy and transhepatic approaches: Initial experience. Pediatric Transplantation, 2011, 15, 47-52.	0.5	23
38	Schistosoma mansoni infection in the liver graft: The impact on donor and recipient outcomes after transplantation. Liver Transplantation, 2011, 17, 1299-1303.	1.3	25
39	Modified pediatric end-stage liver disease scoring system and pediatric liver transplantation in Brazil. Liver Transplantation, 2010, 16, NA-NA.	1.3	20
40	Low-dose carbon monoxide inhibits progressive chronic allograft nephropathy and restores renal allograft function. American Journal of Physiology - Renal Physiology, 2009, 297, F19-F26.	1.3	31
41	Chronic Portal Vein Thrombosis After Liver Transplantation in a Child Treated by a Combined Minimally Invasive Approach. CardioVascular and Interventional Radiology, 2009, 32, 1083-1086.	0.9	8
42	Left Lateral Segmentectomy for Pediatric Live-Donor Liver Transplantation: Special Attention to Segment IV Complications. Transplantation, 2008, 86, 697-701.	0.5	29
43	Carbon Monoxide Ameliorates Renal Cold Ischemia-Reperfusion Injury With an Upregulation of Vascular Endothelial Growth Factor by Activation of Hypoxia-Inducible Factor. Transplantation, 2008, 85, 1833-1840.	0.5	72
44	Gastric hemangioma in a 5-year-old boy. Journal of Pediatric Surgery, 2007, 42, 717-718.	0.8	6
45	Living donor liver transplantation for children in Brazil weighing less than 10 kilograms. Liver Transplantation, 2007, 13, 1153-1158.	1.3	43
46	3D-confocal structural analysis of bone marrow-derived renal tubular cells during renal ischemia/reperfusion injury. Laboratory Investigation, 2006, 86, 72-82.	1.7	10
47	Low-dose carbon monoxide inhalation prevents development of chronic allograft nephropathy. American Journal of Physiology - Renal Physiology, 2006, 290, F324-F334.	1.3	64
48	Carcinoma of donor origin after liver-intestine transplantation in a child. Pediatric Transplantation, 2005, 9, 244-248.	0.5	6
49	Protection Against Ischemia/Reperfusion Injury in Cardiac and Renal Transplantation with Carbon Monoxide, Biliverdin and Both. American Journal of Transplantation, 2005, 5, 282-291.	2.6	227
50	Comparative analysis of the fate of donor dendritic cells and B cells and their influence on alloreactive T cell responses under tacrolimus immunosuppression. Clinical Immunology, 2005, 114, 199-209.	1.4	6
51	Protection of transplant-induced renal ischemia-reperfusion injury with carbon monoxide. American Journal of Physiology - Renal Physiology, 2004, 287, F979-F989.	1.3	169
52	Long-Term Function and Morphology of Intestinal Autografts and Allografts in Outbred Dogs. American Journal of Transplantation, 2003, 3, 1083-1090.	2.6	4
53	Protective effect of carbon monoxide inhalation for cold-preserved small intestinal grafts. Surgery, 2003, 134, 285-292.	1.0	81
54	Carbon Monoxide Inhalation Protects Rat Intestinal Grafts from Ischemia/Reperfusion Injury. American Journal of Pathology, 2003, 163, 1587-1598.	1.9	186