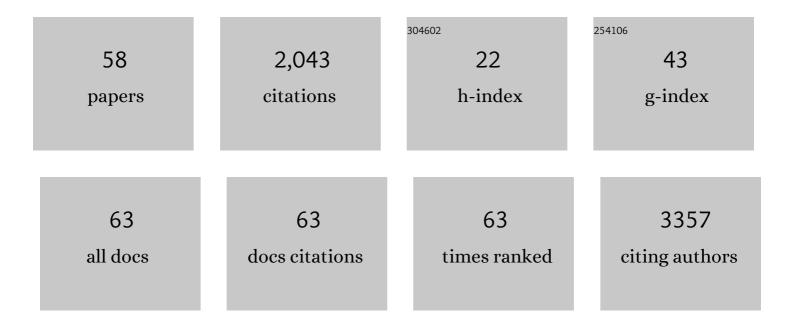
Marc Moritz Berger

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	The 2018 Lake Louise Acute Mountain Sickness Score. High Altitude Medicine and Biology, 2018, 19, 4-6.	0.5	324
2	Sarilumab in patients admitted to hospital with severe or critical COVID-19: a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet Respiratory Medicine,the, 2021, 9, 522-532.	5.2	195
3	Acute Mountain Sickness: Controversies and Advances. High Altitude Medicine and Biology, 2004, 5, 110-124.	0.5	159
4	Robust T Cell Response Toward Spike, Membrane, and Nucleocapsid SARS-CoV-2 Proteins Is Not Associated with Recovery in Critical COVID-19 Patients. Cell Reports Medicine, 2020, 1, 100092.	3.3	148
5	Hypoxia Impairs Systemic Endothelial Function in Individuals Prone to High-Altitude Pulmonary Edema. American Journal of Respiratory and Critical Care Medicine, 2005, 172, 763-767.	2.5	132
6	Impaired Cytotoxic CD8 ⁺ T Cell Response in Elderly COVID-19 Patients. MBio, 2020, 11, .	1.8	108
7	High-altitude pulmonary hypertension is associated with a free radical-mediated reduction in pulmonary nitric oxide bioavailability. Journal of Physiology, 2010, 588, 4837-4847.	1.3	88
8	Transpulmonary Plasma ET-1 and Nitrite Differences in High Altitude Pulmonary Hypertension. High Altitude Medicine and Biology, 2009, 10, 17-24.	0.5	49
9	Risk factors for postoperative delirium in patients undergoing lower extremity joint arthroplasty: a retrospective population-based cohort study. Regional Anesthesia and Pain Medicine, 2019, 44, 934-943.	1.1	46
10	Detailed stratified GWAS analysis for severe COVID-19 in four European populations. Human Molecular Genetics, 2022, 31, 3945-3966.	1.4	46
11	High altitude pulmonary edema: A pressure-induced leak. Respiratory Physiology and Neurobiology, 2007, 158, 266-273.	0.7	44
12	Interleukin-3 is a predictive marker for severity and outcome during SARS-CoV-2 infections. Nature Communications, 2021, 12, 1112.	5.8	44
13	Impact of Mitochondrial Ca2+-Sensitive Potassium (mBKCa) Channels in Sildenafil-Induced Cardioprotection in Rats. PLoS ONE, 2015, 10, e0144737.	1.1	40
14	Machine learning identifies ICU outcome predictors in a multicenter COVID-19 cohort. Critical Care, 2021, 25, 295.	2.5	39
15	COVID-19-Induced ARDS Is Associated with Decreased Frequency of Activated Memory/Effector T Cells Expressing CD11a++. Molecular Therapy, 2020, 28, 2691-2702.	3.7	35
16	The Effect of Endothelin-1 on Alveolar Fluid Clearance and Pulmonary Edema Formation in the Rat. Anesthesia and Analgesia, 2009, 108, 225-231.	1.1	33
17	Exercise intensity typical of mountain climbing does not exacerbate acute mountain sickness in normobaric hypoxia. Journal of Applied Physiology, 2012, 113, 1068-1074.	1.2	31
18	The Magnitude and Functionality of SARS-CoV-2 Reactive Cellular and Humoral Immunity in Transplant Population Is Similar to the General Population Despite Immunosuppression. Transplantation, 2021, 105, 2156-2164.	0.5	31

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19	Changes in acid–base and ion balance during exercise in normoxia and normobaric hypoxia. European Journal of Applied Physiology, 2017, 117, 2251-2261.	1.2	30
20	Inhaled budesonide does not prevent acute mountain sickness after rapid ascent to 4559â€m. European Respiratory Journal, 2017, 50, 1700982.	3.1	29
21	The Cardioprotective Effect of Dexmedetomidine in Rats Is Dose-Dependent and Mediated by BKCa Channels. Journal of Cardiovascular Pharmacology, 2017, 69, 228-235.	0.8	28
22	Effectiveness of intravenous acetaminophen for postoperative pain management in hip and knee arthroplasties: a population-based study. Regional Anesthesia and Pain Medicine, 2019, 44, 565-572.	1.1	26
23	Remote ischemic preconditioning for prevention of high-altitude diseases: fact or fiction?. Journal of Applied Physiology, 2015, 119, 1143-1151.	1.2	24
24	Remote ischemic preconditioning does not prevent acute mountain sickness after rapid ascent to 3,450 m. Journal of Applied Physiology, 2017, 123, 1228-1234.	1.2	21
25	Genetic Predisposition to High-Altitude Pulmonary Edema. High Altitude Medicine and Biology, 2020, 21, 28-36.	0.5	21
26	Acute mountain sickness: Do different time courses point to different pathophysiological mechanisms?. Journal of Applied Physiology, 2020, 128, 952-959.	1.2	20
27	Remote ischemic preconditioning delays the onset of acute mountain sickness in normobaric hypoxia. Physiological Reports, 2015, 3, e12325.	0.7	18
28	Hypoxia Induces Late Preconditioning in the Rat Heart <i>In Vivo</i> Â. Anesthesiology, 2010, 113, 1351-1360.	1.3	17
29	Milrinone-Induced Postconditioning Requires Activation of Mitochondrial Ca2+-sensitive Potassium (mBKCa) Channels. Journal of Cardiothoracic and Vascular Anesthesia, 2018, 32, 2142-2148.	0.6	17
30	Prolonged antibiotic prophylaxis after thoracoabdominal esophagectomy does not reduce the risk of pneumonia in the first 30Adays: a retrospective before-and-after analysis. Infection, 2018, 46, 617-624.	2.3	11
31	Impairment of left atrial mechanics does not contribute to the reduction in stroke volume after active ascent to 4559Âm. Scandinavian Journal of Medicine and Science in Sports, 2019, 29, 223-231.	1.3	11
32	Inhibition of alveolar Na transport and LPS causes hypoxemia and pulmonary arterial vasoconstriction in ventilated rats. Physiological Reports, 2016, 4, e12985.	0.7	10
33	Reliability of echocardiographic speckle-tracking derived bi-atrial strain assessment under different hemodynamic conditions. International Journal of Cardiovascular Imaging, 2017, 33, 1685-1692.	0.7	10
34	Speckle tracking-derived bi-atrial strain before and after eleven weeks of training in elite rowers. Scientific Reports, 2018, 8, 14300.	1.6	10
35	Preserved right ventricular function but increased right atrial contractile demand in altitude-induced pulmonary hypertension. International Journal of Cardiovascular Imaging, 2020, 36, 1069-1076.	0.7	10
36	Validity of Peripheral Oxygen Saturation Measurements with the Garmin Fēnix® 5X Plus Wearable Device at 4559 m. Sensors, 2021, 21, 6363.	2.1	10

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37	Optimization of sepsis therapy based on patient-specific digital precision diagnostics using next generation sequencing (DigiSep-Trial)—study protocol for a randomized, controlled, interventional, open-label, multicenter trial. Trials, 2021, 22, 714.	0.7	10
38	Acute in vitro hypoxia and high-altitude (4,559 m) exposure decreases leukocyte oxygen consumption. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2011, 300, R32-R39.	0.9	9
39	The Hen or the Egg: Impaired Alveolar Oxygen Diffusion and Acute High-altitude Illness?. International Journal of Molecular Sciences, 2019, 20, 4105.	1.8	9
40	Transpulmonary Plasma Catecholamines in Acute High-Altitude Pulmonary Hypertension. Wilderness and Environmental Medicine, 2011, 22, 37-45.	0.4	8
41	Inhaled Budesonide Does Not Affect Hypoxic Pulmonary Vasoconstriction at 4559 Meters of Altitude. High Altitude Medicine and Biology, 2018, 19, 52-59.	0.5	8
42	Characteristics of Critically III Patients with COVID-19 Compared to Patients with Influenza—A Single Center Experience. Journal of Clinical Medicine, 2021, 10, 2056.	1.0	8
43	Utility of Intraoperative Lung Ultrasonography. A & A Case Reports, 2015, 4, 71-74.	0.7	7
44	Rapid Ascent to 4559 m Is Associated with Increased Plasma Components of the Vascular Endothelial Glycocalyx and May Be Associated with Acute Mountain Sickness. High Altitude Medicine and Biology, 2020, 21, 176-183.	0.5	7
45	Effects of acetazolamide on pulmonary artery pressure and prevention of high-altitude pulmonary edema after rapid active ascent to 4,559 m. Journal of Applied Physiology, 2022, 132, 1361-1369.	1.2	7
46	Alveolar but Not Intravenous S-Ketamine Inhibits Alveolar Sodium Transport and Lung Fluid Clearance in Rats. Anesthesia and Analgesia, 2010, 111, 164-170.	1.1	5
47	Diagnosing Acute Mountain Sickness. JAMA - Journal of the American Medical Association, 2018, 319, 1509.	3.8	5
48	Endurance Athletes Are at Increased Risk for Early Acute Mountain Sickness at 3450 m. Medicine and Science in Sports and Exercise, 2020, 52, 1109-1115.	0.2	4
49	No Relevant Analogy Between COVID-19 and Acute Mountain Sickness. High Altitude Medicine and Biology, 2020, 21, 315-318.	0.5	4
50	Serum neurofilament level increases after ascent to 4559Âm but is not related to acute mountain sickness. European Journal of Neurology, 2021, 28, 1004-1008.	1.7	4
51	Endothelin-1 Plasma Levels and Acute Mountain Sickness. High Altitude Medicine and Biology, 2016, 17, 141-141.	0.5	2
52	Acid–base balance during muscular exercise: response to Dr. Böning and Dr. Maassen. European Journal of Applied Physiology, 2018, 118, 865-866.	1.2	1
53	Chest Radiography for Diagnosing Acute Respiratory Distress Syndrome—Fishing in the Dark?*. Critical Care Medicine, 2018, 46, 820-821.	0.4	1
54	Intravenous S-Ketamine Does Not Inhibit Alveolar Fluid Clearance in a Septic Rat Model. PLoS ONE, 2014, 9, e112622.	1.1	1

#	Article	IF	CITATIONS
55	Response to the letter: role of remote ischemic preconditioning against acute mountain sickness during early phase by Sikri and Chawla. Physiological Reports, 2015, 3, e12498.	0.7	Ο
56	Critical Care Sedation. Anesthesia and Analgesia, 2018, 127, e98-e98.	1.1	0
57	Re: "Altitude, Acute Mountain Sickness, and Acetazolamide: Recommendations for Rapid Ascent―by Toussaint et al High Altitude Medicine and Biology, 2021, 22, 429-430.	0.5	Ο
58	Resolution of Cardiac Symptoms through Preoperative Intravenous Iron Supplementation in a Cancer Patient. Case Reports in Clinical Medicine, 2019, 08, 173-180.	0.1	0