## Jens C Nilsson

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Stem Cell Mobilization Induced by Subcutaneous Granulocyte-Colony Stimulating Factor to Improve Cardiac Regeneration After Acute ST-Elevation Myocardial Infarction. Circulation, 2006, 113, 1983-1992.	1.6	331
2	The influence of age, sex and other variables on the plasma level of N-terminal pro brain natriuretic peptide in a large sample of the general population. British Heart Journal, 2003, 89, 745-751.	2.2	287
3	Antiremodeling effects on the left ventricle during beta-blockade with metoprolol in the treatment of chronic heart failure. Journal of the American College of Cardiology, 2000, 36, 2072-2080.	1.2	255
4	Diagnostic and prognostic evaluation of left ventricular systolic heart failure by plasma N-terminal pro-brain natriuretic peptide concentrations in a large sample of the general population. Heart, 2004, 90, 297-303.	1.2	177
5	High-Target Versus Low-Target Blood Pressure Management During Cardiopulmonary Bypass to Prevent Cerebral Injury in Cardiac Surgery Patients. Circulation, 2018, 137, 1770-1780.	1.6	139
6	Detection of left ventricular enlargement and impaired systolic function with plasma N-terminal pro brain natriuretic peptide concentrations. American Heart Journal, 2002, 143, 923-929.	1.2	89
7	Effect of mobilization of bone marrow stem cells by granulocyte colony stimulating factor on clinical symptoms, left ventricular perfusion and function in patients with severe chronic ischemic heart disease. International Journal of Cardiology, 2005, 100, 477-483.	0.8	86
8	Sustained postinfarction myocardial oedema in humans visualised by magnetic resonance imaging. British Heart Journal, 2001, 85, 639-642.	2.2	81
9	Evaluation of impaired left ventricular ejection fraction and increased dimensions by multiple neurohumoral plasma concentrations. European Journal of Heart Failure, 2001, 3, 699-708.	2.9	72
10	Short- and long-term changes in myocardial function, morphology, edema, and infarct mass after ST-segment elevation myocardial infarction evaluated by serial magnetic resonance imaging. American Heart Journal, 2007, 154, 929-936.	1.2	70
11	Left ventricular remodeling in the first year after acute myocardial infarction and the predictive value of N-terminal pro brain natriuretic peptide. American Heart Journal, 2002, 143, 696-702.	1.2	60
12	The association between postoperative cognitive dysfunction and cerebral oximetry during cardiac surgery: a secondary analysis of a randomised trial. British Journal of Anaesthesia, 2019, 123, 196-205.	1.5	59
13	Thermodilution cardiac output - are three injections enough?. Acta Anaesthesiologica Scandinavica, 2004, 48, 1322-1327.	0.7	51
14	Acute Kidney Injury Is Independently Associated With Higher Mortality After Cardiac Surgery. Journal of Cardiothoracic and Vascular Anesthesia, 2014, 28, 1448-1452.	0.6	43
15	Intraoperative Cardiac Ultrasound Examination Using Vector Flow Imaging. Ultrasonic Imaging, 2013, 35, 318-332.	1.4	31
16	First report on intraoperative vector flow imaging of the heart among patients with healthy and diseased aortic valves. Ultrasonics, 2015, 56, 243-250.	2.1	29
17	Perfusion Pressure Cerebral Infarct (PPCI) trial - the importance of mean arterial pressure during cardiopulmonary bypass to prevent cerebral complications after cardiac surgery: study protocol for a randomised controlled trial. Trials, 2016, 17, 247.	0.7	29
18	Impact of 2 Distinct Levels of Mean Arterial Pressure on Near-Infrared Spectroscopy During Cardiac Surgery: Secondary Outcome From a Randomized Clinical Trial. Anesthesia and Analgesia, 2019, 128, 1081-1088.	1.1	29

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19	Right ventricular failure after implantation of a continuous-flow left ventricular assist device: early haemodynamic predictors. European Journal of Cardio-thoracic Surgery, 2014, 45, 847-853.	0.6	27
20	Lung transplantation after ex vivo lung perfusion in two Scandinavian centres. European Journal of Cardio-thoracic Surgery, 2019, 55, 766-772.	0.6	27
21	Measurements of cardiac output obtained with transesophageal echocardiography and pulmonary artery thermodilution are not interchangeable. Acta Anaesthesiologica Scandinavica, 2014, 58, 80-88.	0.7	26
22	Duration of critically low oxygen delivery is associated with acute kidney injury after cardiac surgery. Acta Anaesthesiologica Scandinavica, 2019, 63, 1290-1297.	0.7	23
23	Higher arterial pressure during cardiopulmonary bypass may not reduce the risk of acute kidney injury. Journal of Cardiothoracic Surgery, 2019, 14, 107.	0.4	19
24	Right ventricular dysfunction after cardiac surgery – diagnostic options. Scandinavian Cardiovascular Journal, 2017, 51, 114-121.	0.4	18
25	Tricuspid annular plane systolic excursion is significantly reduced during uncomplicated coronary artery bypass surgery: A prospective observational study. Journal of Thoracic and Cardiovascular Surgery, 2019, 158, 480-489.	0.4	18
26	Arterial pressure during cardiopulmonary bypass is not associated with acute kidney injury. Acta Anaesthesiologica Scandinavica, 2015, 59, 625-631.	0.7	17
27	Measures of right ventricular function after transcatheter versus surgical aortic valve replacement. Interactive Cardiovascular and Thoracic Surgery, 2017, 24, ivw350.	0.5	17
28	Transesophageal Doppler reliably tracks changes in cardiac output in comparison with intermittent pulmonary artery thermodilution in cardiac surgery patients. Journal of Clinical Monitoring and Computing, 2017, 31, 135-142.	0.7	15
29	Neurohumoral prediction of left-ventricular morphologic response to β-blockade with metoprolol in chronic left-ventricular systolic heart failure. European Journal of Heart Failure, 2002, 4, 635-646.	2.9	14
30	Comparing Methods for Cardiac Output: Intraoperatively Doppler-Derived Cardiac Output Measured With 3-Dimensional Echocardiography Is Not Interchangeable With Cardiac Output by Pulmonary Catheter Thermodilution. Anesthesia and Analgesia, 2018, 127, 399-407.	1.1	14
31	Pediatric Transthoracic Cardiac Vector Flow Imaging – A Preliminary Pictorial Study. Ultrasound International Open, 2019, 05, E20-E26.	0.3	14
32	Longâ€ŧerm survival and cognitive function according to blood pressure management during cardiac surgery. A followâ€up. Acta Anaesthesiologica Scandinavica, 2020, 64, 936-944.	0.7	12
33	Associations between mean arterial pressure during cardiopulmonary bypass and biomarkers of cerebral injury in patients undergoing cardiac surgery: secondary results from a randomized controlled trial. Interactive Cardiovascular and Thoracic Surgery, 2021, 32, 229-235.	0.5	11
34	Right ventricular transverse displacement increases following cardiac surgery: possibly compensating loss in tricuspid annular plane systolic excursion (TAPSE). Journal of Clinical Monitoring and Computing, 2020, 34, 1139-1148.	0.7	10
35	Percutaneous pulmonary valve replacement after different duration of free pulmonary regurgitation in a porcine model: Effects on the right ventricle. International Journal of Cardiology, 2013, 167, 2944-2951.	0.8	9
36	Impact of mean arterial pressure on sublingual microcirculation during cardiopulmonary bypass—Secondary outcome from a randomized clinical trial. Microcirculation, 2018, 25, e12459.	1.0	9

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37	Using clinical parameters to guide fluid therapy in high-risk thoracic surgery. A retrospective, observational study. BMC Anesthesiology, 2015, 15, 91.	0.7	8
38	1926 Brain natriuretic peptide and N terminal pro-brain natriuretic peptide for treatment monitoring in patients with left-ventricular systolic heart failure: a substudy of the CARMEN trial. European Heart Journal, 2003, 24, 361.	1.0	2
39	Blood pressure and brain injury in cardiac surgery: a secondary analysis of a randomized trial. European Journal of Cardio-thoracic Surgery, 2020, 58, 1035-1044.	0.6	1
40	Intraoperative vector flow imaging of the heart. , 2013, , .		0
41	Does depth of the frontal sinus affect near-infrared spectroscopy measurement?. Perfusion (United) Tj ETQq1 1 (	).784314 ı 0.5	gBT /Overlo
42	Efficacy of a glucagon-like peptide-1 agonist and restrictive versus liberal oxygen supply in patients undergoing coronary artery bypass grafting or aortic valve replacement: study protocol for a 2-by-2	0.8	0

undergoing coronary artery bypass grafting or aortic valve replacement: study protocol for a 2-by-2 factorial designed, randomised clinical trial. BMJ Open, 2021, 11, e052340. 42