# Laurence Amar

## List of Publications by Citations



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|---|---|---|---|
| 132 papers | 10,670 citations | 52 h-index | 102 g-index |
| 161 ext. papers | 12,855 ext. citations | 6.6 avg, IF | 5.75 L-index |

| # | Paper | IF | Citations |
|---|---|---|---|
| 132 | Genetic testing in pheochromocytoma or functional paraganglioma. *Journal of Clinical Oncology*, **2005**, 23, 8812-8 | 2.2 | 529 |
| 131 | SDH mutations establish a hypermethylator phenotype in paraganglioma. *Cancer Cell*, **2013**, 23, 739-52 | 24.3 | 492 |
| 130 | Integrated genomic characterization of adrenocortical carcinoma. *Nature Genetics*, **2014**, 46, 607-12 | 36.3 | 423 |
| 129 | An immunohistochemical procedure to detect patients with paraganglioma and phaeochromocytoma with germline SDHB, SDHC, or SDHD gene mutations: a retrospective and prospective analysis. *Lancet Oncology, The*, **2009**, 10, 764-71 | 21.7 | 405 |
| 128 | Somatic mutations in ATP1A1 and ATP2B3 lead to aldosterone-producing adenomas and secondary hypertension. *Nature Genetics*, **2013**, 45, 440-4, 444e1-2 | 36.3 | 375 |
| 127 | Optimum and stepped care standardised antihypertensive treatment with or without renal denervation for resistant hypertension (DENERHTN): a multicentre, open-label, randomised controlled trial. *Lancet, The*, **2015**, 385, 1957-65 | 40 | 356 |
| 126 | Outcomes after adrenalectomy for unilateral primary aldosteronism: an international consensus on outcome measures and analysis of remission rates in an international cohort. *Lancet Diabetes and Endocrinology,the*, **2017**, 5, 689-699 | 18.1 | 355 |
| 125 | Comprehensive Molecular Characterization of Pheochromocytoma and Paraganglioma. *Cancer Cell*, **2017**, 31, 181-193 | 24.3 | 350 |
| 124 | Succinate dehydrogenase B gene mutations predict survival in patients with malignant pheochromocytomas or paragangliomas. *Journal of Clinical Endocrinology and Metabolism*, **2007**, 92, 3822-8 | 5.6 | 332 |
| 123 | Cardiovascular complications associated with primary aldosteronism: a controlled cross-sectional study. *Hypertension*, **2013**, 62, 331-6 | 8.5 | 312 |
| 122 | Paraganglioma and phaeochromocytoma: from genetics to personalized medicine. *Nature Reviews Endocrinology*, **2015**, 11, 101-11 | 15.2 | 311 |
| 121 | The succinate dehydrogenase genetic testing in a large prospective series of patients with paragangliomas. *Journal of Clinical Endocrinology and Metabolism*, **2009**, 94, 2817-27 | 5.6 | 304 |
| 120 | Germline mutations in FH confer predisposition to malignant pheochromocytomas and paragangliomas. *Human Molecular Genetics*, **2014**, 23, 2440-6 | 5.6 | 261 |
| 119 | Year of diagnosis, features at presentation, and risk of recurrence in patients with pheochromocytoma or secreting paraganglioma. *Journal of Clinical Endocrinology and Metabolism*, **2005**, 90, 2110-6 | 5.6 | 254 |
| 118 | The Adrenal Vein Sampling International Study (AVIS) for identifying the major subtypes of primary aldosteronism. *Journal of Clinical Endocrinology and Metabolism*, **2012**, 97, 1606-14 | 5.6 | 243 |
| 117 | European Society of Endocrinology Clinical Practice Guideline for long-term follow-up of patients operated on for a phaeochromocytoma or a paraganglioma. *European Journal of Endocrinology*, **2016**, 174, G1-G10 | 6.5 | 230 |
| 116 | MAX mutations cause hereditary and sporadic pheochromocytoma and paraganglioma. *Clinical Cancer Research*, **2012**, 18, 2828-37 | 12.9 | 226 |

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| 115 | Integrative genomic analysis reveals somatic mutations in pheochromocytoma and paraganglioma. *Human Molecular Genetics*, **2011**, 20, 3974-85 | 5.6 | 221 |
| 114 | Genetic spectrum and clinical correlates of somatic mutations in aldosterone-producing adenoma. *Hypertension*, **2014**, 64, 354-61 | 8.5 | 211 |
| 113 | Prevalence, clinical, and molecular correlates of KCNJ5 mutations in primary aldosteronism. *Hypertension*, **2012**, 59, 592-8 | 8.5 | 206 |
| 112 | The Warburg effect is genetically determined in inherited pheochromocytomas. *PLoS ONE*, **2009**, 4, e7094 | 5.7 | 179 |
| 111 | KCNJ5 mutations in European families with nonglucocorticoid remediable familial hyperaldosteronism. *Hypertension*, **2012**, 59, 235-40 | 8.5 | 145 |
| 110 | Aldosterone synthase inhibition with LCI699: a proof-of-concept study in patients with primary aldosteronism. *Hypertension*, **2010**, 56, 831-8 | 8.5 | 139 |
| 109 | WNT/β-catenin signalling is activated in aldosterone-producing adenomas and controls aldosterone production. *Human Molecular Genetics*, **2014**, 23, 889-905 | 5.6 | 130 |
| 108 | Multi-omics analysis defines core genomic alterations in pheochromocytomas and paragangliomas. *Nature Communications*, **2015**, 6, 6044 | 17.4 | 120 |
| 107 | A clinical prediction score to diagnose unilateral primary aldosteronism. *Journal of Clinical Endocrinology and Metabolism*, **2012**, 97, 3530-7 | 5.6 | 112 |
| 106 | Somatic NF1 inactivation is a frequent event in sporadic pheochromocytoma. *Human Molecular Genetics*, **2012**, 21, 5397-405 | 5.6 | 111 |
| 105 | SDHB mutations are associated with response to temozolomide in patients with metastatic pheochromocytoma or paraganglioma. *International Journal of Cancer*, **2014**, 135, 2711-20 | 7.5 | 110 |
| 104 | Adrenal cortex remodeling and functional zona glomerulosa hyperplasia in primary aldosteronism. *Hypertension*, **2010**, 56, 885-92 | 8.5 | 109 |
| 103 | Imaging work-up for screening of paraganglioma and pheochromocytoma in SDHx mutation carriers: a multicenter prospective study from the PGL.EVA Investigators. *Journal of Clinical Endocrinology and Metabolism*, **2013**, 98, E162-73 | 5.6 | 106 |
| 102 | Blood pressure outcome of adrenalectomy in patients with primary hyperaldosteronism with or without unilateral adenoma. *Journal of Hypertension*, **2008**, 26, 1816-23 | 1.9 | 105 |
| 101 | A gain-of-function mutation in the CLCN2 chloride channel gene causes primary aldosteronism. *Nature Genetics*, **2018**, 50, 355-361 | 36.3 | 102 |
| 100 | Adherence to Antihypertensive Treatment and the Blood Pressure-Lowering Effects of Renal Denervation in the Renal Denervation for Hypertension (DENERHTN) Trial. *Circulation*, **2016**, 134, 847-57 | 16.7 | 98 |
| 99 | Fasting plasma glucose and serum lipids in patients with primary aldosteronism: a controlled cross-sectional study. *Hypertension*, **2009**, 53, 605-10 | 8.5 | 93 |
| 98 | Inactivation of the APC gene is constant in adrenocortical tumors from patients with familial adenomatous polyposis but not frequent in sporadic adrenocortical cancers. *Clinical Cancer Research*, **2010**, 16, 5133-41 | 12.9 | 87 |

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| 97 | CACNA1H Mutations Are Associated With Different Forms of Primary Aldosteronism. *EBioMedicine*, **2016**, 13, 225-236 | 8.8 | 83 |
| 96 | Outcomes of adrenalectomy in patients with unilateral primary aldosteronism: a review. *Hormone and Metabolic Research*, **2012**, 44, 221-7 | 3.1 | 80 |
| 95 | Acute catecholamine cardiomyopathy in patients with phaeochromocytoma or functional paraganglioma. *Heart*, **2013**, 99, 1438-44 | 5.1 | 78 |
| 94 | SAT-012 Urinary Aldosterone Assay Using LC-MS/MS Could Improve Primary Aldosteronism Screening. *Journal of the Endocrine Society*, **2019**, 3, | 0.4 | 78 |
| 93 | High Prevalence of Multiple Arterial Bed Lesions in Patients With Fibromuscular Dysplasia: The ARCADIA Registry (Assessment of Renal and Cervical Artery Dysplasia). *Hypertension*, **2017**, 70, 652-658 | 8.5 | 76 |
| 92 | One-year progression-free survival of therapy-naive patients with malignant pheochromocytoma and paraganglioma. *Journal of Clinical Endocrinology and Metabolism*, **2013**, 98, 4006-12 | 5.6 | 75 |
| 91 | Aldosterone-producing adenoma formation in the adrenal cortex involves expression of stem/progenitor cell markers. *Endocrinology*, **2011**, 152, 4753-63 | 4.8 | 72 |
| 90 | Germline Mutations in the Mitochondrial 2-Oxoglutarate/Malate Carrier Gene Confer a Predisposition to Metastatic Paragangliomas. *Cancer Research*, **2018**, 78, 1914-1922 | 10.1 | 71 |
| 89 | Epithelial to mesenchymal transition is activated in metastatic pheochromocytomas and paragangliomas caused by SDHB gene mutations. *Journal of Clinical Endocrinology and Metabolism*, **2012**, 97, E954-62 | 5.6 | 69 |
| 88 | Aldosterone synthase inhibition in humans. *Nephrology Dialysis Transplantation*, **2013**, 28, 36-43 | 4.3 | 66 |
| 87 | Genetics, diagnosis, management and future directions of research of phaeochromocytoma and paraganglioma: a position statement and consensus of the Working Group on Endocrine Hypertension of the European Society of Hypertension. *Journal of Hypertension*, **2020**, 38, 1443-1456 | 1.9 | 62 |
| 86 | Rationale for anti-angiogenic therapy in pheochromocytoma and paraganglioma. *Endocrine Pathology*, **2012**, 23, 34-42 | 4.2 | 60 |
| 85 | Prognosis of Malignant Pheochromocytoma and Paraganglioma (MAPP-Prono Study): A European Network for the Study of Adrenal Tumors Retrospective Study. *Journal of Clinical Endocrinology and Metabolism*, **2019**, 104, 2367-2374 | 5.6 | 57 |
| 84 | Positive Impact of Genetic Test on the Management and Outcome of Patients With Paraganglioma and/or Pheochromocytoma. *Journal of Clinical Endocrinology and Metabolism*, **2019**, 104, 1109-1118 | 5.6 | 54 |
| 83 | Telomerase Activation and ATRX Mutations Are Independent Risk Factors for Metastatic Pheochromocytoma and Paraganglioma. *Clinical Cancer Research*, **2019**, 25, 760-770 | 12.9 | 54 |
| 82 | Recent advances in the genetics of phaeochromocytoma and functional paraganglioma. *Clinical and Experimental Pharmacology and Physiology*, **2008**, 35, 376-9 | 3 | 53 |
| 81 | Different Somatic Mutations in Multinodular Adrenals With Aldosterone-Producing Adenoma. *Hypertension*, **2015**, 66, 1014-22 | 8.5 | 48 |
| 80 | Long-term postoperative follow-up in patients with apparently benign pheochromocytoma and paraganglioma. *Hormone and Metabolic Research*, **2012**, 44, 385-9 | 3.1 | 48 |

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| 79 | Clinical Outcomes of 1625 Patients With Primary Aldosteronism Subtyped With Adrenal Vein Sampling. *Hypertension*, **2019**, 74, 800-808 | 8.5 | 47 |
| 78 | In Vivo Detection of Succinate by Magnetic Resonance Spectroscopy as a Hallmark of SDHx Mutations in Paraganglioma. *Clinical Cancer Research*, **2016**, 22, 1120-9 | 12.9 | 43 |
| 77 | Aldosterone-producing adenoma and other surgically correctable forms of primary aldosteronism. *Orphanet Journal of Rare Diseases*, **2010**, 5, 9 | 4.2 | 43 |
| 76 | Hereditary paraganglioma/pheochromocytoma and inherited succinate dehydrogenase deficiency. *Hormone Research in Paediatrics*, **2005**, 63, 171-9 | 3.3 | 43 |
| 75 | Genetics, prevalence, screening and confirmation of primary aldosteronism: a position statement and consensus of the Working Group on Endocrine Hypertension of The European Society of Hypertension. *Journal of Hypertension*, **2020**, 38, 1919-1928 | 1.9 | 42 |
| 74 | Genetic, Cellular, and Molecular Heterogeneity in Adrenals With Aldosterone-Producing Adenoma. *Hypertension*, **2020**, 75, 1034-1044 | 8.5 | 40 |
| 73 | SDHD immunohistochemistry: a new tool to validate SDHx mutations in pheochromocytoma/paraganglioma. *Journal of Clinical Endocrinology and Metabolism*, **2015**, 100, E287-91 | 5.6 | 39 |
| 72 | Targeted next-generation sequencing detects rare genetic events in pheochromocytoma and paraganglioma. *Journal of Medical Genetics*, **2019**, 56, 513-520 | 5.8 | 38 |
| 71 | Influence of diagnostic criteria on the interpretation of adrenal vein sampling. *Hypertension*, **2015**, 65, 849-54 | 8.5 | 35 |
| 70 | DNA Methylation Is an Independent Prognostic Marker of Survival in Adrenocortical Cancer. *Journal of Clinical Endocrinology and Metabolism*, **2017**, 102, 923-932 | 5.6 | 35 |
| 69 | MANAGEMENT OF ENDOCRINE DISEASE: Recurrence or new tumors after complete resection of pheochromocytomas and paragangliomas: a systematic review and meta-analysis. *European Journal of Endocrinology*, **2016**, 175, R135-45 | 6.5 | 35 |
| 68 | Role of MDH2 pathogenic variant in pheochromocytoma and paraganglioma patients. *Genetics in Medicine*, **2018**, 20, 1652-1662 | 8.1 | 33 |
| 67 | KCNJ5 mutations in aldosterone producing adenoma and relationship with adrenal cortex remodeling. *Molecular and Cellular Endocrinology*, **2013**, 371, 221-7 | 4.4 | 33 |
| 66 | Value of Molecular Classification for Prognostic Assessment of Adrenocortical Carcinoma. *JAMA Oncology*, **2019**, 5, 1440-1447 | 13.4 | 31 |
| 65 | Integrative multi-omics analysis identifies a prognostic miRNA signature and a targetable miR-21-3p/TSC2/mTOR axis in metastatic pheochromocytoma/paraganglioma. *Theranostics*, **2019**, 9, 4946-4958 | 12.1 | 30 |
| 64 | Sequential comparison of aldosterone synthase inhibition and mineralocorticoid blockade in patients with primary aldosteronism. *Journal of Hypertension*, **2013**, 31, 624-9; discussion 629 | 1.9 | 30 |
| 63 | Peritoneal implantation of pheochromocytoma following tumor capsule rupture during surgery. *Journal of Clinical Endocrinology and Metabolism*, **2014**, 99, E2681-5 | 5.6 | 29 |
| 62 | Primary aldosteronism and pregnancy. *Annales D'Endocrinologie*, **2016**, 77, 148-60 | 1.7 | 29 |

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| 61 | Mast cell hyperplasia is associated with aldosterone hypersecretion in a subset of aldosterone-producing adenomas. *Journal of Clinical Endocrinology and Metabolism*, **2015**, 100, E550-60 | 5.6 | 27 |
| 60 | Subtyping of Primary Aldosteronism in the AVIS-2 Study: Assessment of Selectivity and Lateralization. *Journal of Clinical Endocrinology and Metabolism*, **2020**, 105, | 5.6 | 27 |
| 59 | Risk assessment of maternally inherited SDHD paraganglioma and phaeochromocytoma. *Journal of Medical Genetics*, **2017**, 54, 125-133 | 5.8 | 25 |
| 58 | Diagnosing phaeochromocytoma/paraganglioma in a patient presenting with critical illness: biochemistry versus imaging. *Clinical Endocrinology*, **2015**, 83, 298-302 | 3.4 | 25 |
| 57 | SFE/SFHTA/AFCE primary aldosteronism consensus: Introduction and handbook. *Annales D'Endocrinologie*, **2016**, 77, 179-86 | 1.7 | 25 |
| 56 | Functional histopathological markers of aldosterone producing adenoma and somatic KCNJ5 mutations. *Molecular and Cellular Endocrinology*, **2015**, 408, 220-6 | 4.4 | 22 |
| 55 | Ectopic hormone-secreting pheochromocytoma: a francophone observational study. *World Journal of Surgery*, **2012**, 36, 1382-8 | 3.3 | 22 |
| 54 | SFE/SFHTA/AFCE consensus on primary aldosteronism, part 3: Confirmatory testing. *Annales D'Endocrinologie*, **2016**, 77, 202-7 | 1.7 | 21 |
| 53 | LB01.11. *Journal of Hypertension*, **2015**, 33, e47 | 1.9 | 21 |
| 52 | Cause of renal infarction: a retrospective analysis of 186 consecutive cases. *Journal of Hypertension*, **2018**, 36, 634-640 | 1.9 | 20 |
| 51 | Macrolides for KCNJ5-mutated aldosterone-producing adenoma (MAPA): design of a study for personalized diagnosis of primary aldosteronism. *Blood Pressure*, **2018**, 27, 200-205 | 1.7 | 18 |
| 50 | Changes in urinary total metanephrine excretion in recurrent and malignant pheochromocytomas and secreting paragangliomas. *Annals of the New York Academy of Sciences*, **2006**, 1073, 383-91 | 6.5 | 18 |
| 49 | Video-assisted thoracoscopic surgery as a first-line treatment for mediastinal parathyroid adenomas: strategic value of imaging. *European Journal of Endocrinology*, **2004**, 150, 141-7 | 6.5 | 18 |
| 48 | Outcomes of drug-based and surgical treatments for primary aldosteronism. *Advances in Chronic Kidney Disease*, **2015**, 22, 196-203 | 4.7 | 17 |
| 47 | Phaeochromocytomas and functional paragangliomas: clinical management. *Best Practice and Research in Clinical Endocrinology and Metabolism*, **2010**, 24, 933-41 | 6.5 | 17 |
| 46 | Primary adrenal angiosarcoma and functioning adrenocortical adenoma: an exceptional combined tumor. *European Journal of Endocrinology*, **2012**, 166, 131-5 | 6.5 | 17 |
| 45 | SFE/SFHTA/AFCE consensus on primary aldosteronism, part 6: Adrenal surgery. *Annales D'Endocrinologie*, **2016**, 77, 220-5 | 1.7 | 16 |
| 44 | The European/International Fibromuscular Dysplasia Registry and Initiative (FEIRI)-clinical phenotypes and their predictors based on a cohort of 1000 patients. *Cardiovascular Research*, **2021**, 117, 950-959 | 9.9 | 16 |

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| 43 | Suppression of Aldosterone Secretion After Recumbent Saline Infusion Does Not Exclude Lateralized Primary Aldosteronism. *Hypertension*, **2016**, 68, 989-94 | 8.5 | 15 |
| 42 | Criteria for diagnosing primary aldosteronism on the basis of liquid chromatography-tandem mass spectrometry determinations of plasma aldosterone concentration. *Journal of Hypertension*, **2018**, 36, 1592-1601 | 1.9 | 13 |
| 41 | Progress in primary aldosteronism. Mineralocorticoid antagonist treatment for aldosterone-producing adenoma. *European Journal of Endocrinology*, **2015**, 172, R125-9 | 6.5 | 12 |
| 40 | International consensus on initial screening and follow-up of asymptomatic SDHx mutation carriers. *Nature Reviews Endocrinology*, **2021**, 17, 435-444 | 15.2 | 12 |
| 39 | The MITF, p.E318K Variant, as a Risk Factor for Pheochromocytoma and Paraganglioma. *Journal of Clinical Endocrinology and Metabolism*, **2016**, 101, 4764-4768 | 5.6 | 12 |
| 38 | Glucocorticoid Excess in Patients with Pheochromocytoma Compared with Paraganglioma and Other Forms of Hypertension. *Journal of Clinical Endocrinology and Metabolism*, **2020**, 105, | 5.6 | 11 |
| 37 | Primary stenting for atherosclerotic renal artery stenosis. *Journal of Vascular Surgery*, **2010**, 51, 1574-1580.e1 | 3.5 | 11 |
| 36 | Hereditary angio-oedema: effective treatment with the progestogen-only pill in a young woman. *British Journal of Dermatology*, **2004**, 151, 713-4 | 4 | 10 |
| 35 | Transcriptome Analysis of lncRNAs in Pheochromocytomas and Paragangliomas. *Journal of Clinical Endocrinology and Metabolism*, **2020**, 105, | 5.6 | 10 |
| 34 | Succinate detection using in vivo H-MR spectroscopy identifies germline and somatic SDHx mutations in paragangliomas. *European Journal of Nuclear Medicine and Molecular Imaging*, **2020**, 47, 1510-1517 | 8.8 | 10 |
| 33 | Somatic mutations of GNA11 and GNAQ in CTNNB1-mutant aldosterone-producing adenomas presenting in puberty, pregnancy or menopause. *Nature Genetics*, **2021**, 53, 1360-1372 | 36.3 | 9 |
| 32 | Sex differences in antihypertensive treatment in France among 17 856 patients in a tertiary hypertension unit. *Journal of Hypertension*, **2018**, 36, 939-946 | 1.9 | 8 |
| 31 | Deciphering the Role of Vasopressin in Primary Aldosteronism. *Journal of Clinical Endocrinology and Metabolism*, **2015**, 100, 3297-303 | 5.6 | 7 |
| 30 | Aldosterone-Related Myocardial Extracellular Matrix Expansion in Hypertension in Humans: A Proof-of-Concept Study by Cardiac Magnetic Resonance. *JACC: Cardiovascular Imaging*, **2020**, 13, 2149-2159 | 8.4 | 7 |
| 29 | Usefulness of Magnetic Resonance Imaging in the Diagnosis of Juxtaglomerular Cell Tumors: A Report of 10 Cases and Review of the Literature. *American Journal of Kidney Diseases*, **2019**, 73, 566-571 | 7.4 | 7 |
| 28 | MicroRNA-204 Is Necessary for Aldosterone-Stimulated T-Type Calcium Channel Expression in Cardiomyocytes. *International Journal of Molecular Sciences*, **2018**, 19, | 6.3 | 7 |
| 27 | Pheochromocytoma: When to search a germline defect?. *Presse Medicale*, **2018**, 47, e109-e118 | 2.2 | 6 |
| 26 | Targeted Metabolomics as a Tool in Discriminating Endocrine From Primary Hypertension. *Journal of Clinical Endocrinology and Metabolism*, **2021**, 106, 1111-1128 | 5.6 | 6 |

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| 25 | Diagnostic criteria for adrenal venous sampling. *Current Opinion in Endocrinology, Diabetes and Obesity*, **2016**, 23, 218-24 | 4 | 6 |
| 24 | Retinoic acid receptor as a novel contributor to adrenal cortex structure and function through interactions with Wnt and Vegfa signalling. *Scientific Reports*, **2019**, 9, 14677 | 4.9 | 5 |
| 23 | Acute Stress Cardiomyopathy: Heart of pheochromocytoma. *Annales D'Endocrinologie*, **2021**, 82, 201-205 | 1.7 | 4 |
| 22 | Drug-resistant hypertension in primary aldosteronism patients undergoing adrenal vein sampling: the AVIS-2-RH study. *European Journal of Preventive Cardiology*, **2021**, | 3.9 | 4 |
| 21 | Identification of Surgically Curable Primary Aldosteronism by Imaging in a Large, Multiethnic International Study. *Journal of Clinical Endocrinology and Metabolism*, **2021**, 106, e4340-e4349 | 5.6 | 4 |
| 20 | Aetiological classification and prognosis in patients with heart failure with preserved ejection fraction. *ESC Heart Failure*, **2021**, | 3.7 | 3 |
| 19 | Genetic investigation of fibromuscular dysplasia identifies risk loci and shared genetics with common cardiovascular diseases. *Nature Communications*, **2021**, 12, 6031 | 17.4 | 3 |
| 18 | Male Sex Is Associated With Cervical Artery Dissection in Patients With Fibromuscular Dysplasia. *Journal of the American Heart Association*, **2021**, 10, e018311 | 6 | 3 |
| 17 | Case of Asymptomatic Carotid Artery Stenosis in a Hypertensive Patient. *Hypertension*, **2017**, 69, 985-991 | 8.5 | 2 |
| 16 | Awareness of Individual Cardiovascular Risk Factors and Self-Perception of Cardiovascular Risk in Women. *American Journal of the Medical Sciences*, **2017**, 354, 240-245 | 2.2 | 2 |
| 15 | Arterial stiffness evaluated by pulse wave velocity is not predictive of the improvement in hypertension after adrenal surgery for primary aldosteronism: A multicentre study from the French European Society of Hypertension Excellence Centres. *Archives of Cardiovascular Diseases*, **2018**, 111, 564-572 | 2.7 | 2 |
| 14 | Selection of patients for surgery for primary aldosteronism. *Clinical and Experimental Pharmacology and Physiology*, **2008**, 35, 522-5 | 3 | 2 |
| 13 | Renal Outcome and New-Onset Renal and Extrarenal Dissections in Patients With Nontrauma Renal Artery Dissection Associated With Renal Infarction. *Hypertension*, **2021**, 78, 51-61 | 8.5 | 2 |
| 12 | Colocalization of Wnt/Ecatenin and ACTH signaling pathways and paracrine regulation in aldosterone producing adenoma. *Journal of Clinical Endocrinology and Metabolism*, **2021**, | 5.6 | 2 |
| 11 | Beyond Atherosclerosis and Fibromuscular Dysplasia: Rare Causes of Renovascular Hypertension. *Hypertension*, **2021**, 78, 898-911 | 8.5 | 2 |
| 10 | Recurrence-Free Survival Analysis in Locally Advanced Pheochromocytoma: First Appraisal. *Journal of Clinical Endocrinology and Metabolism*, **2021**, 106, 2726-2737 | 5.6 | 1 |
| 9 | Screening of a Large Cohort of Asymptomatic SDHx Mutation Carriers in Routine Practice. *Journal of Clinical Endocrinology and Metabolism*, **2021**, 106, e1301-e1315 | 5.6 | 1 |
| 8 | Case of Primary Aldosteronism With Discordant Hormonal and Computed Tomographic Findings. *Hypertension*, **2017**, 69, 529-535 | 8.5 | 0 |

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| 7 | Hypertension With Negative Metaiodobenzylguanidine Scintigraphy. *Hypertension*, **2021**, HYPERTENSIONAHA12118012 | 8.5 | 12 |
| 6 | Feasibility of Imaging-Guided Adrenalectomy in Young Patients With Primary Aldosteronism. *Hypertension*, **2022**, 79, 187-195 | 8.5 | 0 |
| 5 | Resistant Hypertension **2018**, 398-408 | | 0 |
| 4 | Apports de COMETE à la génétique du phéochromocytome. *Bulletin De L'Academie Nationale De Medecine*, **2008**, 192, 105-116 | 0.1 | |
| 3 | Statut tensionnel, phénotype sécrétoire et potentiel métastatique chez les patients porteurs de phéochromocytome ou de paragangliome : données génétiques et physio-pathologiques récentes. *Bulletin De L'Academie Nationale De Medecine*, **2015**, 199, 313-319 | 0.1 | |
| 2 | Artériopathie athéromateuse des artères rénales **2016**, 221-225 | | |
| 1 | Pheochromocytoma/Paraganglioma: Management, Genetics, and Follow-up **2019**, 469-477 | | |