

Higher rate of perineural invasion in stentâ€“laparoscopic
emergent open resection for obstructing left-sided colo

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Citation Report

#	ARTICLE	IF	CITATIONS
1	Does use of a metallic colon stent as a bridge to surgery modify the pathology data in patients with colonic obstruction? A case-matched study. <i>Surgical Endoscopy and Other Interventional Techniques</i> , 2013, 27, 3622-3631.	1.3	82
2	Local recurrence after stenting for obstructing left-sided colonic cancer. <i>British Journal of Surgery</i> , 2013, 100, 1805-1809.	0.1	141
3	Preoperative constipation is associated with poor prognosis of rectal cancer: a prospective cohort study. [Chapchi] <i>Journal Taehan Oekwa Hakhoe</i> , 2013, 85, 35.	1.1	3
5	Place of colorectal stents in therapeutic management of malignant large bowel obstructions. <i>Endoscopy</i> , 2014, 46, 546-552.	1.0	33
8	Current management of acute malignant large bowel obstruction: a systematic review. <i>American Journal of Surgery</i> , 2014, 207, 127-138.	0.9	176
12	Comparison of Long-Term Outcomes of Colonic Stent as "Bridge to Surgery" and Emergency Surgery for Malignant Large-Bowel Obstruction: A Meta-Analysis. <i>Annals of Surgical Oncology</i> , 2015, 22, 497-504.	0.7	128
13	Long-term mortality and recurrence after colorectal cancer surgery with preoperative stenting: a Danish nationwide cohort study. <i>Endoscopy</i> , 2015, 47, 517-524.	1.0	37
14	Colonic perforation either during or after stent insertion as a bridge to surgery for malignant colorectal obstruction increases the risk of peritoneal seeding. <i>Surgical Endoscopy and Other Interventional Techniques</i> , 2015, 29, 3499-3506.	1.3	49
15	Comparison between metallic stent and transanal decompression tube for malignant large-bowel obstruction. <i>Journal of Surgical Research</i> , 2016, 205, 474-481.	0.8	34
16	Comparison of Long-Term Outcomes Between Emergency Surgery and Bridge to Surgery for Malignant Obstruction in Right-Sided Colon Cancer: A Multicenter Retrospective Study. <i>Annals of Surgical Oncology</i> , 2016, 23, 1867-1874.	0.7	53
17	Self-Expanding Metallic Stents (SEMS) in Left-Sided Colonic Cancer—a Cancer Center Experience. <i>Journal of Gastrointestinal Cancer</i> , 2016, 47, 69-74.	0.6	5
18	Outcome of bridge to surgery stenting for obstructive left colon cancer. <i>ANZ Journal of Surgery</i> , 2017, 87, E245-E250.	0.3	19
19	Using stents in the management of malignant bowel obstruction: the current situation and future progress. <i>Expert Review of Gastroenterology and Hepatology</i> , 2017, 11, 633-641.	1.4	17
20	Colonic stenting: When and how. <i>Seminars in Colon and Rectal Surgery</i> , 2017, 28, 34-40.	0.2	3
21	Stenting as a bridge to resection versus emergency surgery for left-sided colorectal cancer with malignant obstruction: A systematic review and meta-analysis. <i>International Journal of Surgery</i> , 2017, 48, 64-68.	1.1	33
22	Delay of surgery after stent placement for resectable malignant colorectal obstruction is associated with higher risk of recurrence. <i>International Journal of Colorectal Disease</i> , 2017, 32, 513-516.	1.0	35
23	Re: Outcome of bridge to surgery stenting for obstructive left colon cancer. <i>ANZ Journal of Surgery</i> , 2017, 87, 744-745.	0.3	2
24	Long-term oncologic outcomes of stent as a bridge to surgery versus emergency surgery in malignant left side colonic obstructions: a meta-analysis. <i>Journal of Gastrointestinal Oncology</i> , 2017, 8, 867-876.	0.6	42

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25	Oncologic outcomes of preoperative stent insertion first versus immediate surgery for obstructing left-sided colorectal cancer. <i>Surgical Oncology</i> , 2018, 27, 216-224.	0.8	22
26	Ten-year survival after endoscopic stent placement as a bridge to surgery in obstructing colon cancer. <i>Gastrointestinal Endoscopy</i> , 2018, 87, 705-713.e2.	0.5	34
27	Critical appraisal of oncological safety of stent as bridge to surgery in left-sided obstructing colon cancer; a systematic review and meta-analysis. <i>Critical Reviews in Oncology/Hematology</i> , 2018, 131, 66-75.	2.0	79
28	Oncological consequence of emergent resection of perforated colon cancer with complete obstruction after stent insertion as a bridge to surgery. <i>International Journal of Colorectal Disease</i> , 2019, 34, 545-547.	1.0	5
29	Endoscopic stent in malignant colonic obstruction: the risk of tumor seeding. <i>Journal of Coloproctology</i> , 2019, 39, 357-364.	0.1	2
30	Long-term tumour outcomes of self-expanding metal stents as "bridge to surgery"™ for the treatment of colorectal cancer with malignant obstruction: a systematic review and meta-analysis. <i>International Journal of Colorectal Disease</i> , 2019, 34, 1827-1838.	1.0	37
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33	Obstruction is associated with perineural invasion in T3/T4 colon cancer. <i>Colorectal Disease</i> , 2019, 21, 917-924.	0.7	12
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41	Is bridge to surgery stenting a safe alternative to emergency surgery in malignant colonic obstruction: a meta-analysis of randomized control trials. <i>Surgical Endoscopy and Other Interventional Techniques</i> , 2019, 33, 293-302.	1.3	70
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44	Long-term outcomes of colonic stent as a "bridge to surgery" for left-sided malignant large-bowel obstruction. <i>Surgical Oncology</i> , 2020, 35, 399-405.	0.8	3
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50	Self-expandable metal stents for obstructing colonic and extracolonic cancer: European Society of Gastrointestinal Endoscopy (ESGE) Guideline " Update 2020. <i>Endoscopy</i> , 2020, 52, 389-407.	1.0	192
51	Efficacy and safety of self-expanding metallic stent placement followed by neoadjuvant chemotherapy and scheduled surgery for treatment of obstructing left-sided colonic cancer. <i>BMC Cancer</i> , 2020, 20, 57.	1.1	18
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54	Perineural invasion is increased in patients receiving colonic stenting as a bridge to surgery: a systematic review and meta-analysis. <i>Techniques in Coloproctology</i> , 2021, 25, 167-176.	0.8	17
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63	Does preoperative stent positioning in obstructive left sided colon cancer increase the risk of perineural invasion?. <i>Updates in Surgery</i> , 2021, 73, 547-553.	0.9	3
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86	Outcomes After Colonic Self-Expanding Metal Stent Insertion Without Fluoroscopy: A Surgeon-Led 10-Year Experience. Journal of Surgical Research, 2023, 281, 275-281.	0.8	0
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