Adrian F Daly

List of Publications by Year
in descending order

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160 papers	8,104 citations	57758 44 h-index	51608 86 g-index
174 all docs	174 docs citations	174 times ranked	4754 citing authors

#	Article	IF	Citations
1	High Prevalence of Pituitary Adenomas: A Cross-Sectional Study in the Province of Lieì€ge, Belgium. Journal of Clinical Endocrinology and Metabolism, 2006, 91, 4769-4775.	3.6	904
2	Cytokine Dysregulation, Inflammation and Well-Being. NeuroImmunoModulation, 2005, 12, 255-269.	1.8	438
3	Clinical Characteristics and Therapeutic Responses in Patients with Germ-LineAIPMutations and Pituitary Adenomas: An International Collaborative Study. Journal of Clinical Endocrinology and Metabolism, 2010, 95, E373-E383.	3.6	323
4	Gigantism and Acromegaly Due to Xq26 Microduplications and GPR101 Mutation. New England Journal of Medicine, 2014, 371, 2363-2374.	27.0	292
5	Familial Isolated Pituitary Adenomas (FIPA) and the Pituitary Adenoma Predisposition due to Mutations in the Aryl Hydrocarbon Receptor Interacting Protein (AIP) Gene. Endocrine Reviews, 2013, 34, 239-277.	20.1	289
6	Aryl Hydrocarbon Receptor-Interacting Protein Gene Mutations in Familial Isolated Pituitary Adenomas: Analysis in 73 Families. Journal of Clinical Endocrinology and Metabolism, 2007, 92, 1891-1896.	3.6	283
7	The Epidemiology of Prolactinomas. Pituitary, 2005, 8, 3-6.	2.9	247
8	Clinical Characterization of Familial Isolated Pituitary Adenomas. Journal of Clinical Endocrinology and Metabolism, 2006, 91, 3316-3323.	3.6	217
9	The role of germline AIP, MEN1, PRKAR1A, CDKN1B and CDKN2C mutations in causing pituitary adenomas in a large cohort of children, adolescents, and patients with genetic syndromes. Clinical Genetics, 2010, 78, 457-463.	2.0	182
10	Prolactinomas resistant to standard doses of cabergoline: a multicenter study of 92 patients. European Journal of Endocrinology, 2012, 167, 651-662.	3.7	173
11	Acromegaly at diagnosis in 3173 patients from the LiÃ¨ge Acromegaly Survey (LAS) Database. Endocrine-Related Cancer, 2017, 24, 505-518.	3.1	164
12	The epidemiology and genetics of pituitary adenomas. Best Practice and Research in Clinical Endocrinology and Metabolism, 2009, 23, 543-554.	4.7	161
13	The clinical, pathological, and genetic features of familial isolated pituitary adenomas. European Journal of Endocrinology, 2007, 157, 371-382.	3.7	160
14	Clinical and genetic characterization of pituitary gigantism: an international collaborative study in 208 patients. Endocrine-Related Cancer, 2015, 22, 745-757.	3.1	155
15	High prevalence of AIP gene mutations following focused screening in young patients with sporadic pituitary macroadenomas. European Journal of Endocrinology, 2011, 165, 509-515.	3.7	152
16	X-linked acrogigantism syndrome: clinical profile and therapeutic responses. Endocrine-Related Cancer, 2015, 22, 353-367.	3.1	151
17	Gross total resection or debulking of pituitary adenomas improves hormonal control of acromegaly by somatostatin analogs. European Journal of Endocrinology, 2005, 152, 61-66.	3.7	148
18	Genetic analysis in young patients with sporadic pituitary macroadenomas: besides AIP don't forget MEN1 genetic analysis. European Journal of Endocrinology, 2013, 168, 533-541.	3.7	146

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19	The Epidemiology of Pituitary Adenomas. Endocrinology and Metabolism Clinics of North America, 2020, 49, 347-355.	3.2	137
20	Expression of aryl hydrocarbon receptor (AHR) and AHR-interacting protein in pituitary adenomas: pathological and clinical implications. Endocrine-Related Cancer, 2009, 16, 1029-1043.	3.1	134
21	Mutations in theAryl Hydrocarbon Receptor Interacting ProteinGene Are Not Highly Prevalent among Subjects with Sporadic Pituitary Adenomas. Journal of Clinical Endocrinology and Metabolism, 2007, 92, 1952-1955.	3.6	132
22	Cabergoline and the risk of valvular lesions in endocrine disease.. European Journal of Endocrinology, 2008, 159, 1-5.	3.7	131
23	Hypogonadism in a Patient with a Mutation in the Luteinizing Hormone Beta-Subunit Gene. New England Journal of Medicine, 2004, 351, 2619-2625.	27.0	117
24	Hormonal and Biochemical Normalization and Tumor Shrinkage Induced by Anti-Parathyroid Hormone Immunotherapy in a Patient with Metastatic Parathyroid Carcinoma. Journal of Clinical Endocrinology and Metabolism, 2004, 89, 3413-3420.	3.6	113
25	Variable pathological and clinical features of a large Brazilian family harboring a mutation in the aryl hydrocarbon receptor-interacting protein gene. European Journal of Endocrinology, 2007, 157, 383-391.	3.7	84
26	T2-weighted MRI signal predicts hormone and tumor responses to somatostatin analogs in acromegaly. Endocrine-Related Cancer, 2016, 23, 871-881.	3.1	82
27	The genetics of pituitary adenomas. Best Practice and Research in Clinical Endocrinology and Metabolism, 2010, 24, 461-476.	4.7	81
28	Predictors and rates of treatment-resistant tumor growth in acromegaly. European Journal of Endocrinology, 2005, 153, 187-193.	3.7	78
29	Pituitary MRI characteristics in 297 acromegaly patients based on T2-weighted sequences. Endocrine-Related Cancer, 2015, 22, 169-177.	3.1	78
30	Somatic mosaicism underlies X-linked acrogigantism syndrome in sporadic male subjects. Endocrine-Related Cancer, 2016, 23, 221-233.	3.1	75
31	Cyclin-dependent kinase inhibitor 1B (CDKN1B) gene variants in AIP mutation-negative familial isolated pituitary adenoma kindreds. Endocrine-Related Cancer, 2012, 19, 233-241.	3.1	72
32	Appraisal of the validity of histamine-induced wheal and flare to predict the clinical efficacy of antihistaminesâ˜†â˜†â˜†.... Journal of Allergy and Clinical Immunology, 1997, 99, S798-S806.	2.9	70
33	Epidemiology and Management Challenges in Prolactinomas. Neuroendocrinology, 2019, 109, 20-27.	2.5	69
34	Hyperplasiaâ€“adenoma sequence in pituitary tumorigenesis related to aryl hydrocarbon receptor interacting protein gene mutation. Endocrine-Related Cancer, 2011, 18, 347-356.	3.1	66
35	MANAGEMENT OF ENDOCRINE DISEASE: Pituitary â€˜incidentalomaâ€™: neuroradiological assessment and differential diagnosis. European Journal of Endocrinology, 2016, 175, R171-R184.	3.7	60
36	The Ratio of Parathyroid Hormone as Measured by Third- and Second-Generation Assays as a Marker for Parathyroid Carcinoma. Journal of Clinical Endocrinology and Metabolism, 2010, 95, 3745-3749.	3.6	57

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37	Pheochromocytomas and pituitary adenomas in three patients with MAX exon deletions. Endocrine-Related Cancer, 2018, 25, L37-L42.	3.1	57
38	The causes and consequences of pituitary gigantism. Nature Reviews Endocrinology, 2018, 14, 705-720.	9.6	57
39	Tumor ZAC1 expression is associated with the response to somatostatin analog therapy in patients with acromegaly. International Journal of Cancer, 2009, 125, 2122-2126.	5.1	55
40	McCune-Albright Syndrome: A Detailed Pathological and Genetic Analysis of Disease Effects in an Adult Patient. Journal of Clinical Endocrinology and Metabolism, 2014, 99, E2029-E2038.	3.6	55
41	GHRH excess and blockade in X-LAG syndrome. Endocrine-Related Cancer, 2016, 23, 161-170.	3.1	55
42	Somatostatin analogues increase AIP expression in somatotropinomas, irrespective of Gsp mutations. Endocrine-Related Cancer, 2013, 20, 753-766.	3.1	50
43	Familial Isolated Pituitary Adenomas (FIPA) and Mutations in the Aryl Hydrocarbon Receptor Interacting Protein (AIP) Gene. Endocrinology and Metabolism Clinics of North America, 2015, 44, 19-25.	3.2	49
44	Aggressive pituitary adenomas occurring in young patients in a large Polynesian kindred with a germline R271W mutation in the AIP gene. European Journal of Endocrinology, 2009, 161, 799-804.	3.7	45
45	Aggressive tumor growth and clinical evolution in a patient with X-linked acro-gigantism syndrome. Endocrine, 2016, 51, 236-244.	2.3	45
46	Familial pituitary adenomas. Journal of Internal Medicine, 2009, 266, 5-18.	6.0	44
47	AIP-mutated acromegaly resistant to first-generation somatostatin analogs: long-term control with pasireotide LAR in two patients. Endocrine Connections, 2019, 8, 367-377.	1.9	44
48	Excellent response to pasireotide therapy in an aggressive and dopamine-resistant prolactinoma. European Journal of Endocrinology, 2019, 181, K21-K27.	3.7	39
49	Clinical and Genetic Features of Familial Pituitary Adenomas. Hormone and Metabolic Research, 2005, 37, 347-354.	1.5	36
50	The Third/Second Generation PTH Assay Ratio as a Marker for Parathyroid Carcinoma: Evaluation Using an Automated Platform. Journal of Clinical Endocrinology and Metabolism, 2014, 99, E453-E457.	3.6	36
51	Resistant prolactinomas. Journal of Endocrinological Investigation, 2011, 34, 312-316.	3.3	34
52	A vital region for human glycoprotein hormone trafficking revealed by an LHB mutation. Journal of Endocrinology, 2016, 231, 197-207.	2.6	34
53	Characterization of GPR101 transcript structure and expression patterns. Journal of Molecular Endocrinology, 2016, 57, 97-111.	2.5	34
54	Somatic and germline mutations in the pathogenesis of pituitary adenomas. European Journal of Endocrinology, 2019, 181, R235-R254.	3.7	33

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55	GPR101 drives growth hormone hypersecretion and gigantism in mice via constitutive activation of Gs and Gq/11. Nature Communications, 2020, 11, 4752.	12.8	31
56	Gigantism, Acromegaly, and GPR101 Mutations. New England Journal of Medicine, 2015, 372, 1264-1265.	27.0	30
57	Screening for GPR101 defects in pediatric pituitary corticotropinomas. Endocrine-Related Cancer, 2016, 23, 357-365.	3.1	30
58	The Epidemiology and Management of Pituitary Incidentalomas. Hormone Research in Paediatrics, 2007, 68, 195-198.	1.8	29
59	Breast cancer in a male-to-female transsexual patient with a BRCA2 mutation. Endocrine-Related Cancer, 2016, 23, 391-397.	3.1	29
60	Prevalence of double pituitary adenomas in a surgical series: Clinical, histological and genetic features. Journal of Endocrinological Investigation, 2010, 33, 325-331.	3.3	28
61	Desloratadine prevents compound 48/80-induced mast cell degranulation: visualization using a vital fluorescent dye technique. Allergy: European Journal of Allergy and Clinical Immunology, 2005, 60, 117-124.	5.7	27
62	Genetic, Molecular and Clinical Features of Familial Isolated Pituitary Adenomas. Hormone Research in Paediatrics, 2009, 71, 116-122.	1.8	27
63	Familial Pituitary Tumor Syndromes. Endocrine Practice, 2011, 17, 41-46.	2.1	27
64	Combined treatment with octreotide LAR and pegvisomant in patients with pituitary gigantism: clinical evaluation and genetic screening. Pituitary, 2016, 19, 507-514.	2.9	27
65	Multivariable Prediction Model for Biochemical Response to First-Generation Somatostatin Receptor Ligands in Acromegaly. Journal of Clinical Endocrinology and Metabolism, 2020, 105, 2964-2974.	3.6	26
66	AIP and MEN1 mutations and AIP immunohistochemistry in pituitary adenomas in a tertiary referral center. Endocrine Connections, 2019, 8, 338-348.	1.9	26
67	Resistant Paediatric Somatotropinomas due to <i>AIP</i> Mutations: Role of Pegvisomant. Hormone Research in Paediatrics, 2018, 90, 196-202.	1.8	25
68	<scp>miR</scp>â€34a is upregulated in <scp>AIP</scp>â€mutated somatotropinomas and promotes octreotide resistance. International Journal of Cancer, 2020, 147, 3523-3538.	5.1	25
69	Familial pituitary adenomas. Annales D'Endocrinologie, 2010, 71, 479-485.	1.4	23
70	Prospective, long-term study of the effect of cabergoline on valvular status in patients with prolactinoma and idiopathic hyperprolactinemia. Endocrine, 2017, 55, 239-245.	2.3	23
71	Genetics of Cushingâ€™s Syndrome. Neuroendocrinology, 2010, 92, 6-10.	2.5	22
72	Genetic susceptibility in pituitary adenomas: from pathogenesis to clinical implications. Expert Review of Endocrinology and Metabolism, 2011, 6, 195-214.	2.4	22

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73	The Liege Acromegaly Survey (LAS): A new software tool for the study of acromegaly. Annales D'Endocrinologie, 2012, 73, 190-201.	1.4	22
74	Testicular Effects of Isolated Luteinizing Hormone Deficiency and Reversal by Long-Term Human Chorionic Gonadotropin Treatment. Journal of Clinical Endocrinology and Metabolism, 2009, 94, 3-4.	3.6	21
75	Aggressive prolactinoma in a child related to germline mutation in the ARYL hydrocarbon receptor interacting protein (AIP) gene. Arquivos Brasileiros De Endocrinologia E Metabologia, 2010, 54, 761-767.	1.3	21
76	Pituitary gigantism: Causes and clinical characteristics. Annales D'Endocrinologie, 2015, 76, 643-649.	1.4	21
77	A multivariable prediction model for pegvisomant dosing: monotherapy and in combination with long-acting somatostatin analogues. European Journal of Endocrinology, 2017, 176, 421-431.	3.7	21
78	Lanreotide Autogel?? for Acromegaly. Treatments in Endocrinology: Guiding Your Management of Endocrine Disorders, 2004, 3, 77-81.	1.8	20
79	Serum levels of soluble CD163 correlate with the inflammatory process in coeliac disease. Alimentary Pharmacology and Therapeutics, 2006, 24, 553-559.	3.7	20
80	Tollâ€like receptorâ€4 is expressed in meningiomas and mediates the antiproliferative action of paclitaxel. International Journal of Cancer, 2008, 123, 1956-1963.	5.1	20
81	Paleogenetic study of ancient DNA suggestive of X-linked acrogigantism. Endocrine-Related Cancer, 2017, 24, L17-L20.	3.1	19
82	Transdifferentiation of Neuroendocrine Cells. American Journal of Surgical Pathology, 2017, 41, 849-853.	3.7	19
83	A novel inactivating mutation of the LH/chorionic gonadotrophin receptor with impaired membrane trafficking leading to Leydig cell hypoplasia type 1. European Journal of Endocrinology, 2015, 172, K27-K36.	3.7	18
84	GPR101 Mutations are not a Frequent Cause of Congenital Isolated Growth Hormone Deficiency. Hormone and Metabolic Research, 2016, 48, 389-393.	1.5	18
85	Duplications disrupt chromatin architecture and rewire GPR101-enhancer communication in X-linked acrogigantism. American Journal of Human Genetics, 2022, 109, 553-570.	6.2	18
86	Clinical and Molecular Update on Genetic Causes of Pituitary Adenomas. Hormone and Metabolic Research, 2020, 52, 553-561.	1.5	17
87	Pseudomalabsorption ofÂthyroid hormones: case report andÂreview ofÂtheÂliterature. Annales D'Endocrinologie, 2007, 68, 460-463.	1.4	15
88	Update on Familial Pituitary Tumors: from Multiple Endocrine Neoplasia Type 1 to Familial Isolated Pituitary Adenoma. Hormone Research in Paediatrics, 2009, 71, 105-111.	1.8	15
89	Long-term remission of disseminated parathyroid cancer following immunotherapy. Endocrine, 2020, 67, 204-208.	2.3	15
90	Clinical and genetic aspects of familial isolated pituitary adenomas. Clinics, 2012, 67, 37-41.	1.5	14

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91	Treatment of Pituitary Tumors: Somatostatin. Endocrine, 2005, 28, 093-100.	2.2	13
92	Genetic Factors in the Development of Pituitary Adenomas. Endocrine Development, 2009, 17, 121-133.	1.3	13
93	The role of AIP mutations in pituitary adenomas: 10 years on. Endocrine, 2017, 55, 333-335.	2.3	12
94	HEREDITARY ENDOCRINE TUMOURS: CURRENT STATE-OF-THE-ART AND RESEARCH OPPORTUNITIES: GPR101, an orphan GPCR with roles in growth and pituitary tumorigenesis. Endocrine-Related Cancer, 2020, 27, T87-T97.	3.1	12
95	Vitex agnus castus might enrich the pharmacological armamentarium for medical treatment of prolactinoma. European Journal of Obstetrics, Gynecology and Reproductive Biology, 2007, 135, 139-140.	1.1	11
96	AIP mutations and gigantism. Annales D'Endocrinologie, 2017, 78, 123-130.	1.4	11
97	HEREDITARY ENDOCRINE TUMOURS: CURRENT STATE-OF-THE-ART AND RESEARCH OPPORTUNITIES: The roles of AIP and GPR101 in familial isolated pituitary adenomas (FIPA). Endocrine-Related Cancer, 2020, 27, T77-T86.	3.1	11
98	UPDATE ON THE TREATMENT OF PITUITARY ADENOMAS: FAMILIAL AND GENETIC CONSIDERATIONS. Acta Clinica Belgica, 2008, 63, 418-424.	1.2	10
99	Effect of AP102, a subtype 2 and 5 specific somatostatin analog, on glucose metabolism in rats. Endocrine, 2017, 58, 124-133.	2.3	10
100	Overview of genetic testing in patients with pituitary adenomas. Annales D'Endocrinologie, 2012, 73, 62-64.	1.4	9
101	X-LAG: How did they grow so tall?. Annales D'Endocrinologie, 2017, 78, 131-136.	1.4	9
102	Pancreatic Neuroendocrine Neoplasm Associated with a Familial MAX Deletion. Hormone and Metabolic Research, 2020, 52, 784-787.	1.5	9
103	Desloratadine for allergic rhinitis. Expert Review of Clinical Immunology, 2006, 2, 209-224.	3.0	8
104	Deletion of exons 1â€“3 of the MEN1 gene in a large Italian family causes the loss of menin expression. Familial Cancer, 2014, 13, 273-80.	1.9	8
105	Pituitary Disease in AIP Mutation-Positive Familial Isolated Pituitary Adenoma (FIPA): A Kindred-Based Overview. Journal of Clinical Medicine, 2020, 9, 2003.	2.4	8
106	Primary hypertrophic osteoarthropathy due to a novel SLCO2A1 mutation masquerading as acromegaly. Endocrinology, Diabetes and Metabolism Case Reports, 2017, 2017, .	0.5	8
107	Compound heterozygous mutations in the luteinizing hormone receptor signal peptide causing 46,XY disorder of sex development. European Journal of Endocrinology, 2019, 181, K11-K20.	3.7	7
108	Pituitary MRI Features in Acromegaly Resulting From Ectopic GHRH Secretion From a Neuroendocrine Tumor: Analysis of 30 Cases. Journal of Clinical Endocrinology and Metabolism, 2022, 107, e3313-e3320.	3.6	7

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109	A clinically novel AIP mutation in a patient with a very large, apparently sporadic somatotrope adenoma. Endocrinology, Diabetes and Metabolism Case Reports, 2014, 2014, 140048.	0.5	6
110	Adipsic diabetes insipidus revealing a bifocal intracranial germinoma. Annales D'Endocrinologie, 2017, 78, 141-145.	1.4	5
111	Genetics of Pituitary Tumor Syndromes. , 2017, , 619-630.		5
112	Alcoholic ketoacidosis presenting as diabetic ketoacidosis. Irish Journal of Medical Science, 1999, 168, 186-188.	1.5	4
113	Pituitary adenomas in young patients: when should we consider a genetic predisposition?. Expert Review of Endocrinology and Metabolism, 2009, 4, 529-531.	2.4	4
114	Management of acromegaly. F1000 Medicine Reports, 2010, 2, 54.	2.9	4
115	Mutations of calcium-sensing receptor gene: two novel mutations and overview of impact on calcium homeostasis. European Journal of Endocrinology, 2011, 165, 353-358.	3.7	4
116	Cellular effects of AP102, a somatostatin analog with balanced affinities for the hSSTR2 and hSSTR5 receptors. Neuropeptides, 2018, 68, 84-89.	2.2	4
117	Characteristics of familial isolated pituitary adenomas. Expert Review of Endocrinology and Metabolism, 2007, 2, 725-733.	2.4	3
118	Shrinkage of pituitary adenomas with pasireotide. Lancet Diabetes and Endocrinology,the, 2019, 7, 509.	11.4	3
119	Challenges and controversies in the treatment of prolactinomas. Expert Review of Endocrinology and Metabolism, 2014, 9, 593-604.	2.4	2
120	Surgical management of pituitary adenomas. , 2014, , 69-84.		2
121	Expression of Peroxisome Proliferator-Activated Receptor alpha (PPARÎ±) in somatotropinomas: Relationship with Aryl hydrocarbon receptor Interacting Protein (AIP) and inÂvitro effects of fenofibrate in GH3 cells. Molecular and Cellular Endocrinology, 2016, 426, 61-72.	3.2	2
122	Comment on â€œHypogonadotrophic hypogonadism due to a mutation in the luteinizing hormone Î²-subunit geneâ€• Korean Journal of Internal Medicine, 2017, 32, 566-567.	1.7	2
123	A Hard Look at Cardiac Safety with Dopamine Agonists in Endocrinology. Journal of Clinical Endocrinology and Metabolism, 2021, 106, e2452-e2454.	3.6	2
124	Familial Pituitary Adenomas: An Overview. , 2013, , 103-112.		2
125	Polymorphism or mutation? - The role of the R304Q missense AIP mutation in the predisposition to pituitary adenoma. Endocrine Abstracts, 0, , .	0.0	2
126	Dutch founder SDHB exon 3 deletion in patients with pheochromocytoma-paraganglioma in South Africa. Endocrine Connections, 2022, 11, .	1.9	2

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127	Complicated Clinical Course in Incipient Gigantism Due to Treatment-resistant Aryl Hydrocarbon Receptorâ€“Interacting Proteinâ€“mutated Pediatric Somatotropinoma. AACE Clinical Case Reports, 2022, 8, 119-123.	1.1	2
128	Absence of hypogonadism in a male patient with a giant prolactinoma: A clinical paradox. Annales D'Endocrinologie, 2008, 69, 47-52.	1.4	1
129	Genetic Testing in Pituitary Adenomas: What, How, and In Whom?. Endocrinologia, Diabetes Y NutriciÃ“n, 2019, 66, 71-73.	0.3	1
130	Differentiated thyroid carcinoma in sporadic and familial presentations of acromegaly: A case series. Annales D'Endocrinologie, 2020, 81, 482-486.	1.4	1
131	GPR101 drives growth hormone hypersecretion and gigantism in mice via constitutive activation of G s and G q/11. FASEB Journal, 2021, 35, .	0.5	1
132	Somatostatin Analogs in the Gastrointestinal Tract. , 2006, , 1131-1138.		1
133	De la gÃ©nÃ©tique des adÃ©nomes hypophysaires familiaux. Bulletin De L'Academie Nationale De Medecine, 2009, 193, 1557-1571.	0.0	1
134	Pituitary Tumors Associated With Multiple Endocrine Neoplasia Syndromes. , 2019, , 642-647.		1
135	Comment on "Persistent remission of acromegaly in a patient with GHâ€secreting pituitary adenoma: Effect of treatment with pasireotide longâ€acting release and consequence of treatment withdrawal". Journal of Clinical Pharmacy and Therapeutics, 2022, , .	1.5	1
136	Does the nadir growth-hormone level predict response to somatostatin-analogue therapy?. Nature Clinical Practice Endocrinology and Metabolism, 2006, 2, 12-13.	2.8	0
137	Current and future perspectives on recombinant growth hormone for the treatment of obesity. Expert Review of Endocrinology and Metabolism, 2008, 3, 75-90.	2.4	0
138	Functioning Pituitary Adenomas. , 2010, , 55-65.		0
139	A bittersweet symphony. Endocrine-Related Cancer, 2014, 21, C7-C9.	3.1	0
140	Functioning Pituitary Adenomas. , 2016, , 79-91.		0
141	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. Endocrinology, 2019, , 1-21.	0.1	0
142	Genetic Testing in Pituitary Adenomas: What, How, and In Whom?. EndocrinologÃa Diabetes Y NutriciÃ³n (English Ed), 2019, 66, 71-73.	0.2	0
143	Medical management of pituitary gigantism and acromegaly. , 2021, , 245-257.		0
144	Gigantism: clinical diagnosis and description. , 2021, , 39-52.		0

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145	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. Endocrinology, 2021, , 291-311.	0.1	0
146	Genetic Causes of Familial Pituitary Adenomas. , 2011, , 137-150.		0
147	What to do with a pituitary incidentaloma?. Expert Review of Endocrinology and Metabolism, 2011, 6, 505-507.	2.4	0
148	Characteristics of patients with pituitary gigantism: results of an international study. Endocrine Abstracts, 0, , .	0.0	0
149	Receptor expression in craniopharyngiomas causing tumor growth in pregnancy: case report and review of the literature. Endocrine Abstracts, 0, , .	0.0	0
150	Recurrence of GH-secreting pituitary adenomas during puberty in children with germline AIP mutations: a clinical challenge. Endocrine Abstracts, 0, , .	0.0	0
151	Pancreatitis in familial hypocalciuric hypercalcaemia. Endocrine Abstracts, 0, , .	0.0	0
152	The genetic causes of pituitary gigantism. Endocrine Abstracts, 0, , .	0.0	0
153	Molecular and pathological determinants of somatostatin analogue resistance: somatotropinomas in AIP mutated and X-LAG syndrome patients. Endocrine Abstracts, 0, , .	0.0	0
154	Molecular analysis of miRNA expression profiles in AIP mutation positive somatotropinomas. Endocrine Abstracts, 0, , .	0.0	0
155	Gigantism, acromegaly and GPR101. Endocrine Abstracts, 0, , .	0.0	0
156	Bifocal intracranial germinoma presenting as adipsic diabetes insipidus. Endocrine Abstracts, 0, , .	0.0	0
157	Combined treatment with octreotide LAR and pegvisomant in patients with gigantism - acromegaly: clinical evaluation and genetic screening. Endocrine Abstracts, 0, , .	0.0	0
158	Genetic predisposition to breast cancer occurring in a male-to-female transsexual patient. Endocrine Abstracts, 0, , .	0.0	0
159	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. Endocrinology, 2019, , 1-21.	0.1	0
160	Gigantism Remains a Clinical Challenge. Archives of Iranian Medicine, 2015, 18, 871.	0.6	0