

# 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	Dutch founder SDHB exon 3 deletion in patients with pheochromocytoma-paranglioma in South Africa. <i>Endocrine Connections</i> , 2022, 11, .	1.9	2
2	Comment on "Persistent remission of acromegaly in a patient with GH-secreting pituitary adenoma: Effect of treatment with pasireotide long-acting release and consequence of treatment withdrawal". <i>Journal of Clinical Pharmacy and Therapeutics</i> , 2022, , .	1.5	1
3	Duplications disrupt chromatin architecture and rewire GPR101-enhancer communication in X-linked acrogigantism. <i>American Journal of Human Genetics</i> , 2022, 109, 553-570.	6.2	18
4	Complicated Clinical Course in Incipient Gigantism Due to Treatment-resistant Aryl Hydrocarbon Receptor-Interacting Protein-mutated Pediatric Somatotropinoma. <i>AACE Clinical Case Reports</i> , 2022, 8, 119-123.	1.1	2
5	Pituitary MRI Features in Acromegaly Resulting From Ectopic GHRH Secretion From a Neuroendocrine Tumor: Analysis of 30 Cases. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2022, 107, e3313-e3320.	3.6	7
6	Medical management of pituitary gigantism and acromegaly. , 2021, , 245-257.		0
7	A Hard Look at Cardiac Safety with Dopamine Agonists in Endocrinology. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2021, 106, e2452-e2454.	3.6	2
8	GPR101 drives growth hormone hypersecretion and gigantism in mice via constitutive activation of G s and G q/11. <i>FASEB Journal</i> , 2021, 35, .	0.5	1
9	Gigantism: clinical diagnosis and description. , 2021, , 39-52.		0
10	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. <i>Endocrinology</i> , 2021, , 291-311.	0.1	0
11	Long-term remission of disseminated parathyroid cancer following immunotherapy. <i>Endocrine</i> , 2020, 67, 204-208.	2.3	15
12	Differentiated thyroid carcinoma in sporadic and familial presentations of acromegaly: A case series. <i>Annales D'Endocrinologie</i> , 2020, 81, 482-486.	1.4	1
13	GPR101 drives growth hormone hypersecretion and gigantism in mice via constitutive activation of Gs and Gq/11. <i>Nature Communications</i> , 2020, 11, 4752.	12.8	31
14	miR-34a is upregulated in AIP-mutated somatotropinomas and promotes octreotide resistance. <i>International Journal of Cancer</i> , 2020, 147, 3523-3538.	5.1	25
15	The Epidemiology of Pituitary Adenomas. <i>Endocrinology and Metabolism Clinics of North America</i> , 2020, 49, 347-355.	3.2	137
16	Multivariable Prediction Model for Biochemical Response to First-Generation Somatostatin Receptor Ligands in Acromegaly. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2020, 105, 2964-2974.	3.6	26
17	Pituitary Disease in AIP Mutation-Positive Familial Isolated Pituitary Adenoma (FIPA): A Kindred-Based Overview. <i>Journal of Clinical Medicine</i> , 2020, 9, 2003.	2.4	8
18	Pancreatic Neuroendocrine Neoplasm Associated with a Familial MAX Deletion. <i>Hormone and Metabolic Research</i> , 2020, 52, 784-787.	1.5	9

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19	Clinical and Molecular Update on Genetic Causes of Pituitary Adenomas. <i>Hormone and Metabolic Research</i> , 2020, 52, 553-561.	1.5	17
20	HEREDITARY ENDOCRINE TUMOURS: CURRENT STATE-OF-THE-ART AND RESEARCH OPPORTUNITIES: The roles of AIP and GPR101 in familial isolated pituitary adenomas (FIPA). <i>Endocrine-Related Cancer</i> , 2020, 27, T77-T86.	3.1	11
21	HEREDITARY ENDOCRINE TUMOURS: CURRENT STATE-OF-THE-ART AND RESEARCH OPPORTUNITIES: GPR101, an orphan GPCR with roles in growth and pituitary tumorigenesis. <i>Endocrine-Related Cancer</i> , 2020, 27, T87-T97.	3.1	12
22	Shrinkage of pituitary adenomas with pasireotide. <i>Lancet Diabetes and Endocrinology</i> , 2019, 7, 509.	11.4	3
23	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. <i>Endocrinology</i> , 2019, , 1-21.	0.1	0
24	Genetic Testing in Pituitary Adenomas: What, How, and In Whom?. <i>Endocrinología y Nutrición (English Ed)</i> , 2019, 66, 71-73.	0.2	0
25	Epidemiology and Management Challenges in Prolactinomas. <i>Neuroendocrinology</i> , 2019, 109, 20-27.	2.5	69
26	Genetic Testing in Pituitary Adenomas: What, How, and In Whom?. <i>Endocrinología, Diabetes Y Nutrición</i> , 2019, 66, 71-73.	0.3	1
27	AIP-mutated acromegaly resistant to first-generation somatostatin analogs: long-term control with pasireotide LAR in two patients. <i>Endocrine Connections</i> , 2019, 8, 367-377.	1.9	44
28	AIP and MEN1 mutations and AIP immunohistochemistry in pituitary adenomas in a tertiary referral center. <i>Endocrine Connections</i> , 2019, 8, 338-348.	1.9	26
29	Compound heterozygous mutations in the luteinizing hormone receptor signal peptide causing 46,XY disorder of sex development. <i>European Journal of Endocrinology</i> , 2019, 181, K11-K20.	3.7	7
30	Excellent response to pasireotide therapy in an aggressive and dopamine-resistant prolactinoma. <i>European Journal of Endocrinology</i> , 2019, 181, K21-K27.	3.7	39
31	Somatic and germline mutations in the pathogenesis of pituitary adenomas. <i>European Journal of Endocrinology</i> , 2019, 181, R235-R254.	3.7	33
32	Genetics of Pituitary Gigantism: Syndromic and Nonsyndromic Causes. <i>Endocrinology</i> , 2019, , 1-21.	0.1	0
33	Pituitary Tumors Associated With Multiple Endocrine Neoplasia Syndromes. , 2019, , 642-647.		1
34	Pheochromocytomas and pituitary adenomas in three patients with MAX exon deletions. <i>Endocrine-Related Cancer</i> , 2018, 25, L37-L42.	3.1	57
35	Cellular effects of AP102, a somatostatin analog with balanced affinities for the hSSTR2 and hSSTR5 receptors. <i>Neuropeptides</i> , 2018, 68, 84-89.	2.2	4
36	The causes and consequences of pituitary gigantism. <i>Nature Reviews Endocrinology</i> , 2018, 14, 705-720.	9.6	57

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37	Resistant Paediatric Somatotropinomas due to AIP Mutations: Role of Pegvisomant. <i>Hormone Research in Paediatrics</i> , 2018, 90, 196-202.	1.8	25
38	A multivariable prediction model for pegvisomant dosing: monotherapy and in combination with long-acting somatostatin analogues. <i>European Journal of Endocrinology</i> , 2017, 176, 421-431.	3.7	21
39	Paleogenetic study of ancient DNA suggestive of X-linked acrogigantism. <i>Endocrine-Related Cancer</i> , 2017, 24, L17-L20.	3.1	19
40	Adipsic diabetes insipidus revealing a bifocal intracranial germinoma. <i>Annales D'Endocrinologie</i> , 2017, 78, 141-145.	1.4	5
41	Transdifferentiation of Neuroendocrine Cells. <i>American Journal of Surgical Pathology</i> , 2017, 41, 849-853.	3.7	19
42	AIP mutations and gigantism. <i>Annales D'Endocrinologie</i> , 2017, 78, 123-130.	1.4	11
43	X-LAG: How did they grow so tall?. <i>Annales D'Endocrinologie</i> , 2017, 78, 131-136.	1.4	9
44	The role of AIP mutations in pituitary adenomas: 10 years on. <i>Endocrine</i> , 2017, 55, 333-335.	2.3	12
45	Effect of AP102, a subtype 2 and 5 specific somatostatin analog, on glucose metabolism in rats. <i>Endocrine</i> , 2017, 58, 124-133.	2.3	10
46	Acromegaly at diagnosis in 3173 patients from the Liège Acromegaly Survey (LAS) Database. <i>Endocrine-Related Cancer</i> , 2017, 24, 505-518.	3.1	164
47	Genetics of Pituitary Tumor Syndromes. , 2017, , 619-630.		5
48	Prospective, long-term study of the effect of cabergoline on valvular status in patients with prolactinoma and idiopathic hyperprolactinemia. <i>Endocrine</i> , 2017, 55, 239-245.	2.3	23
49	Comment on "Hypogonadotropic hypogonadism due to a mutation in the luteinizing hormone $\beta$ -subunit gene". <i>Korean Journal of Internal Medicine</i> , 2017, 32, 566-567.	1.7	2
50	Primary hypertrophic osteoarthropathy due to a novel SLCO2A1 mutation masquerading as acromegaly. <i>Endocrinology, Diabetes and Metabolism Case Reports</i> , 2017, 2017, .	0.5	8
51	Functioning Pituitary Adenomas. , 2016, , 79-91.		0
52	Breast cancer in a male-to-female transsexual patient with a BRCA2 mutation. <i>Endocrine-Related Cancer</i> , 2016, 23, 391-397.	3.1	29
53	MANAGEMENT OF ENDOCRINE DISEASE: Pituitary "incidentaloma": neuroradiological assessment and differential diagnosis. <i>European Journal of Endocrinology</i> , 2016, 175, R171-R184.	3.7	60
54	GPR101 Mutations are not a Frequent Cause of Congenital Isolated Growth Hormone Deficiency. <i>Hormone and Metabolic Research</i> , 2016, 48, 389-393.	1.5	18

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55	Expression of Peroxisome Proliferator-Activated Receptor alpha (PPAR $\alpha$ ) in somatotropinomas: Relationship with Aryl hydrocarbon receptor Interacting Protein (AIP) and in vitro effects of fenofibrate in GH3 cells. <i>Molecular and Cellular Endocrinology</i> , 2016, 426, 61-72.	3.2	2
56	A vital region for human glycoprotein hormone trafficking revealed by an LHB mutation. <i>Journal of Endocrinology</i> , 2016, 231, 197-207.	2.6	34
57	T2-weighted MRI signal predicts hormone and tumor responses to somatostatin analogs in acromegaly. <i>Endocrine-Related Cancer</i> , 2016, 23, 871-881.	3.1	82
58	Characterization of GPR101 transcript structure and expression patterns. <i>Journal of Molecular Endocrinology</i> , 2016, 57, 97-111.	2.5	34
59	Combined treatment with octreotide LAR and pegvisomant in patients with pituitary gigantism: clinical evaluation and genetic screening. <i>Pituitary</i> , 2016, 19, 507-514.	2.9	27
60	Aggressive tumor growth and clinical evolution in a patient with X-linked acro-gigantism syndrome. <i>Endocrine</i> , 2016, 51, 236-244.	2.3	45
61	Screening for GPR101 defects in pediatric pituitary corticotropinomas. <i>Endocrine-Related Cancer</i> , 2016, 23, 357-365.	3.1	30
62	GHRH excess and blockade in X-LAG syndrome. <i>Endocrine-Related Cancer</i> , 2016, 23, 161-170.	3.1	55
63	Somatic mosaicism underlies X-linked acrogigantism syndrome in sporadic male subjects. <i>Endocrine-Related Cancer</i> , 2016, 23, 221-233.	3.1	75
64	Pituitary gigantism: Causes and clinical characteristics. <i>Annales D'Endocrinologie</i> , 2015, 76, 643-649.	1.4	21
65	Familial Isolated Pituitary Adenomas (FIPA) and Mutations in the Aryl Hydrocarbon Receptor Interacting Protein (AIP) Gene. <i>Endocrinology and Metabolism Clinics of North America</i> , 2015, 44, 19-25.	3.2	49
66	Pituitary MRI characteristics in 297 acromegaly patients based on T2-weighted sequences. <i>Endocrine-Related Cancer</i> , 2015, 22, 169-177.	3.1	78
67	A novel inactivating mutation of the LH/chorionic gonadotrophin receptor with impaired membrane trafficking leading to Leydig cell hypoplasia type 1. <i>European Journal of Endocrinology</i> , 2015, 172, K27-K36.	3.7	18
68	Clinical and genetic characterization of pituitary gigantism: an international collaborative study in 208 patients. <i>Endocrine-Related Cancer</i> , 2015, 22, 745-757.	3.1	155
69	X-linked acrogigantism syndrome: clinical profile and therapeutic responses. <i>Endocrine-Related Cancer</i> , 2015, 22, 353-367.	3.1	151
70	Gigantism, Acromegaly, and GPR101 Mutations. <i>New England Journal of Medicine</i> , 2015, 372, 1264-1265.	27.0	30
71	Gigantism Remains a Clinical Challenge. <i>Archives of Iranian Medicine</i> , 2015, 18, 871.	0.6	0
72	Challenges and controversies in the treatment of prolactinomas. <i>Expert Review of Endocrinology and Metabolism</i> , 2014, 9, 593-604.	2.4	2

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73	Gigantism and Acromegaly Due to Xq26 Microduplications and <i>GPR101</i> Mutation. <i>New England Journal of Medicine</i> , 2014, 371, 2363-2374.	27.0	292
74	A bittersweet symphony. <i>Endocrine-Related Cancer</i> , 2014, 21, C7-C9.	3.1	0
75	Deletion of exons 1-3 of the <i>MEN1</i> gene in a large Italian family causes the loss of menin expression. <i>Familial Cancer</i> , 2014, 13, 273-80.	1.9	8
76	The Third/Second Generation PTH Assay Ratio as a Marker for Parathyroid Carcinoma: Evaluation Using an Automated Platform. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2014, 99, E453-E457.	3.6	36
77	McCune-Albright Syndrome: A Detailed Pathological and Genetic Analysis of Disease Effects in an Adult Patient. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2014, 99, E2029-E2038.	3.6	55
78	A clinically novel AIP mutation in a patient with a very large, apparently sporadic somatotrope adenoma. <i>Endocrinology, Diabetes and Metabolism Case Reports</i> , 2014, 2014, 140048.	0.5	6
79	Surgical management of pituitary adenomas. , 2014, , 69-84.		2
80	Familial Isolated Pituitary Adenomas (FIPA) and the Pituitary Adenoma Predisposition due to Mutations in the Aryl Hydrocarbon Receptor Interacting Protein (AIP) Gene. <i>Endocrine Reviews</i> , 2013, 34, 239-277.	20.1	289
81	Genetic analysis in young patients with sporadic pituitary macroadenomas: besides AIP don't forget <i>MEN1</i> genetic analysis. <i>European Journal of Endocrinology</i> , 2013, 168, 533-541.	3.7	146
82	Somatostatin analogues increase AIP expression in somatotropinomas, irrespective of Gsp mutations. <i>Endocrine-Related Cancer</i> , 2013, 20, 753-766.	3.1	50
83	Familial Pituitary Adenomas: An Overview. , 2013, , 103-112.		2
84	Prolactinomas resistant to standard doses of cabergoline: a multicenter study of 92 patients. <i>European Journal of Endocrinology</i> , 2012, 167, 651-662.	3.7	173
85	Cyclin-dependent kinase inhibitor 1B ( <i>CDKN1B</i> ) gene variants in AIP mutation-negative familial isolated pituitary adenoma kindreds. <i>Endocrine-Related Cancer</i> , 2012, 19, 233-241.	3.1	72
86	The Liege Acromegaly Survey (LAS): A new software tool for the study of acromegaly. <i>Annales D'Endocrinologie</i> , 2012, 73, 190-201.	1.4	22
87	Clinical and genetic aspects of familial isolated pituitary adenomas. <i>Clinics</i> , 2012, 67, 37-41.	1.5	14
88	Overview of genetic testing in patients with pituitary adenomas. <i>Annales D'Endocrinologie</i> , 2012, 73, 62-64.	1.4	9
89	Resistant prolactinomas. <i>Journal of Endocrinological Investigation</i> , 2011, 34, 312-316.	3.3	34
90	Familial Pituitary Tumor Syndromes. <i>Endocrine Practice</i> , 2011, 17, 41-46.	2.1	27

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91	Mutations of calcium-sensing receptor gene: two novel mutations and overview of impact on calcium homeostasis. <i>European Journal of Endocrinology</i> , 2011, 165, 353-358.	3.7	4
92	Hyperplasiaâ€“adenoma sequence in pituitary tumorigenesis related to aryl hydrocarbon receptor interacting protein gene mutation. <i>Endocrine-Related Cancer</i> , 2011, 18, 347-356.	3.1	66
93	Genetic susceptibility in pituitary adenomas: from pathogenesis to clinical implications. <i>Expert Review of Endocrinology and Metabolism</i> , 2011, 6, 195-214.	2.4	22
94	High prevalence of AIP gene mutations following focused screening in young patients with sporadic pituitary macroadenomas. <i>European Journal of Endocrinology</i> , 2011, 165, 509-515.	3.7	152
95	Genetic Causes of Familial Pituitary Adenomas. , 2011, , 137-150.		0
96	What to do with a pituitary incidentaloma?. <i>Expert Review of Endocrinology and Metabolism</i> , 2011, 6, 505-507.	2.4	0
97	Management of acromegaly. <i>F1000 Medicine Reports</i> , 2010, 2, 54.	2.9	4
98	The role of germline <i>AIP</i> , <i>MEN1</i> , <i>PRKAR1A</i> , <i>CDKN1B</i> and <i>CDKN2C</i> mutations in causing pituitary adenomas in a large cohort of children, adolescents, and patients with genetic syndromes. <i>Clinical Genetics</i> , 2010, 78, 457-463.	2.0	182
99	Aggressive prolactinoma in a child related to germline mutation in the ARYL hydrocarbon receptor interacting protein (AIP) gene. <i>Arquivos Brasileiros De Endocrinologia E Metabologia</i> , 2010, 54, 761-767.	1.3	21
100	Clinical Characteristics and Therapeutic Responses in Patients with Germ-Line <i>AIP</i> Mutations and Pituitary Adenomas: An International Collaborative Study. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2010, 95, E373-E383.	3.6	323
101	Functioning Pituitary Adenomas. , 2010, , 55-65.		0
102	Genetics of Cushingâ€™s Syndrome. <i>Neuroendocrinology</i> , 2010, 92, 6-10.	2.5	22
103	The Ratio of Parathyroid Hormone as Measured by Third- and Second-Generation Assays as a Marker for Parathyroid Carcinoma. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2010, 95, 3745-3749.	3.6	57
104	Familial pituitary adenomas. <i>Annales D'Endocrinologie</i> , 2010, 71, 479-485.	1.4	23
105	Prevalence of double pituitary adenomas in a surgical series: Clinical, histological and genetic features. <i>Journal of Endocrinological Investigation</i> , 2010, 33, 325-331.	3.3	28
106	The genetics of pituitary adenomas. <i>Best Practice and Research in Clinical Endocrinology and Metabolism</i> , 2010, 24, 461-476.	4.7	81
107	Genetic Factors in the Development of Pituitary Adenomas. <i>Endocrine Development</i> , 2009, 17, 121-133.	1.3	13
108	Update on Familial Pituitary Tumors: from Multiple Endocrine Neoplasia Type 1 to Familial Isolated Pituitary Adenoma. <i>Hormone Research in Paediatrics</i> , 2009, 71, 105-111.	1.8	15

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109	Genetic, Molecular and Clinical Features of Familial Isolated Pituitary Adenomas. <i>Hormone Research in Paediatrics</i> , 2009, 71, 116-122.	1.8	27
110	Aggressive pituitary adenomas occurring in young patients in a large Polynesian kindred with a germline R271W mutation in the AIP gene. <i>European Journal of Endocrinology</i> , 2009, 161, 799-804.	3.7	45
111	Testicular Effects of Isolated Luteinizing Hormone Deficiency and Reversal by Long-Term Human Chorionic Gonadotropin Treatment. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2009, 94, 3-4.	3.6	21
112	Expression of aryl hydrocarbon receptor (AHR) and AHR-interacting protein in pituitary adenomas: pathological and clinical implications. <i>Endocrine-Related Cancer</i> , 2009, 16, 1029-1043.	3.1	134
113	Tumor ZAC1 expression is associated with the response to somatostatin analog therapy in patients with acromegaly. <i>International Journal of Cancer</i> , 2009, 125, 2122-2126.	5.1	55
114	Familial pituitary adenomas. <i>Journal of Internal Medicine</i> , 2009, 266, 5-18.	6.0	44
115	The epidemiology and genetics of pituitary adenomas. <i>Best Practice and Research in Clinical Endocrinology and Metabolism</i> , 2009, 23, 543-554.	4.7	161
116	Pituitary adenomas in young patients: when should we consider a genetic predisposition?. <i>Expert Review of Endocrinology and Metabolism</i> , 2009, 4, 529-531.	2.4	4
117	De la g�n�tique des ad�nomes hypophysaires familiaux. <i>Bulletin De L'Academie Nationale De Medecine</i> , 2009, 193, 1557-1571.	0.0	1
118	Toll-like receptor 4 is expressed in meningiomas and mediates the antiproliferative action of paclitaxel. <i>International Journal of Cancer</i> , 2008, 123, 1956-1963.	5.1	20
119	Absence of hypogonadism in a male patient with a giant prolactinoma: A clinical paradox. <i>Annales D'Endocrinologie</i> , 2008, 69, 47-52.	1.4	1
120	Current and future perspectives on recombinant growth hormone for the treatment of obesity. <i>Expert Review of Endocrinology and Metabolism</i> , 2008, 3, 75-90.	2.4	0
121	Cabergoline and the risk of valvular lesions in endocrine disease.. <i>European Journal of Endocrinology</i> , 2008, 159, 1-5.	3.7	131
122	UPDATE ON THE TREATMENT OF PITUITARY ADENOMAS: FAMILIAL AND GENETIC CONSIDERATIONS. <i>Acta Clinica Belgica</i> , 2008, 63, 418-424.	1.2	10
123	Characteristics of familial isolated pituitary adenomas. <i>Expert Review of Endocrinology and Metabolism</i> , 2007, 2, 725-733.	2.4	3
124	Mutations in the Aryl Hydrocarbon Receptor Interacting Protein Gene Are Not Highly Prevalent among Subjects with Sporadic Pituitary Adenomas. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2007, 92, 1952-1955.	3.6	132
125	The Epidemiology and Management of Pituitary Incidentalomas. <i>Hormone Research in Paediatrics</i> , 2007, 68, 195-198.	1.8	29
126	Vitex agnus castus might enrich the pharmacological armamentarium for medical treatment of prolactinoma. <i>European Journal of Obstetrics, Gynecology and Reproductive Biology</i> , 2007, 135, 139-140.	1.1	11



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127	Aryl Hydrocarbon Receptor-Interacting Protein Gene Mutations in Familial Isolated Pituitary Adenomas: Analysis in 73 Families. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2007, 92, 1891-1896.	3.6	283
128	Pseudomalabsorption of thyroid hormones: case report and review of the literature. <i>Annales D'Endocrinologie</i> , 2007, 68, 460-463.	1.4	15
129	The clinical, pathological, and genetic features of familial isolated pituitary adenomas. <i>European Journal of Endocrinology</i> , 2007, 157, 371-382.	3.7	160
130	Variable pathological and clinical features of a large Brazilian family harboring a mutation in the aryl hydrocarbon receptor-interacting protein gene. <i>European Journal of Endocrinology</i> , 2007, 157, 383-391.	3.7	84
131	Does the nadir growth-hormone level predict response to somatostatin-analogue therapy?. <i>Nature Clinical Practice Endocrinology and Metabolism</i> , 2006, 2, 12-13.	2.8	0
132	Serum levels of soluble CD163 correlate with the inflammatory process in coeliac disease. <i>Alimentary Pharmacology and Therapeutics</i> , 2006, 24, 553-559.	3.7	20
133	High Prevalence of Pituitary Adenomas: A Cross-Sectional Study in the Province of Liège, Belgium. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2006, 91, 4769-4775.	3.6	904
134	Clinical Characterization of Familial Isolated Pituitary Adenomas. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2006, 91, 3316-3323.	3.6	217
135	Desloratadine for allergic rhinitis. <i>Expert Review of Clinical Immunology</i> , 2006, 2, 209-224.	3.0	8
136	Somatostatin Analogs in the Gastrointestinal Tract. , 2006, , 1131-1138.		1
137	Treatment of Pituitary Tumors: Somatostatin. <i>Endocrine</i> , 2005, 28, 093-100.	2.2	13
138	Desloratadine prevents compound 48/80-induced mast cell degranulation: visualization using a vital fluorescent dye technique. <i>Allergy: European Journal of Allergy and Clinical Immunology</i> , 2005, 60, 117-124.	5.7	27
139	The Epidemiology of Prolactinomas. <i>Pituitary</i> , 2005, 8, 3-6.	2.9	247
140	Gross total resection or debulking of pituitary adenomas improves hormonal control of acromegaly by somatostatin analogs. <i>European Journal of Endocrinology</i> , 2005, 152, 61-66.	3.7	148
141	Predictors and rates of treatment-resistant tumor growth in acromegaly. <i>European Journal of Endocrinology</i> , 2005, 153, 187-193.	3.7	78
142	Clinical and Genetic Features of Familial Pituitary Adenomas. <i>Hormone and Metabolic Research</i> , 2005, 37, 347-354.	1.5	36
143	Cytokine Dysregulation, Inflammation and Well-Being. <i>NeuroImmunoModulation</i> , 2005, 12, 255-269.	1.8	438
144	Hormonal and Biochemical Normalization and Tumor Shrinkage Induced by Anti-Parathyroid Hormone Immunotherapy in a Patient with Metastatic Parathyroid Carcinoma. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2004, 89, 3413-3420.	3.6	113

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145	Hypogonadism in a Patient with a Mutation in the Luteinizing Hormone Beta-Subunit Gene. <i>New England Journal of Medicine</i> , 2004, 351, 2619-2625.	27.0	117
146	Lanreotide Autogel?? for Acromegaly. <i>Treatments in Endocrinology: Guiding Your Management of Endocrine Disorders</i> , 2004, 3, 77-81.	1.8	20
147	Alcoholic ketoacidosis presenting as diabetic ketoacidosis. <i>Irish Journal of Medical Science</i> , 1999, 168, 186-188.	1.5	4
148	Appraisal of the validity of histamine-induced wheal and flare to predict the clinical efficacy of antihistaminesâ††â††â††.... <i>Journal of Allergy and Clinical Immunology</i> , 1997, 99, S798-S806.	2.9	70
149	Polymorphism or mutation? - The role of the R304Q missense AIP mutation in the predisposition to pituitary adenoma. <i>Endocrine Abstracts</i> , 0, , .	0.0	2
150	Characteristics of patients with pituitary gigantism: results of an international study. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
151	Receptor expression in craniopharyngiomas causing tumor growth in pregnancy: case report and review of the literature. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
152	Recurrence of GH-secreting pituitary adenomas during puberty in children with germline AIP mutations: a clinical challenge. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
153	Pancreatitis in familial hypocalciuric hypercalcaemia. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
154	The genetic causes of pituitary gigantism. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
155	Molecular and pathological determinants of somatostatin analogue resistance: somatotropinomas in AIP mutated and X-LAG syndrome patients. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
156	Molecular analysis of miRNA expression profiles in AIP mutation positive somatotropinomas. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
157	Gigantism, acromegaly and GPR101. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
158	Bifocal intracranial germinoma presenting as adipsic diabetes insipidus. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
159	Combined treatment with octreotide LAR and pegvisomant in patients with gigantism - acromegaly: clinical evaluation and genetic screening. <i>Endocrine Abstracts</i> , 0, , .	0.0	0
160	Genetic predisposition to breast cancer occurring in a male-to-female transsexual patient. <i>Endocrine Abstracts</i> , 0, , .	0.0	0