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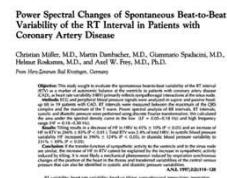
A) Peer reviewed: 544 Original Contributions

303 as first or last author

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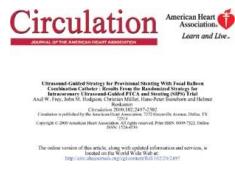
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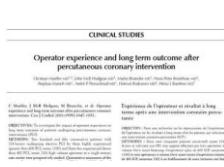


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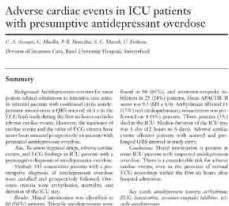
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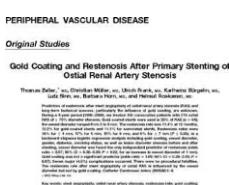
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Impact Factor 2.682, Peripheral vascular disease, Rank 25.



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Impact Factor 15.202, Cardiac & Cardiovascular Systems, Rank 1.



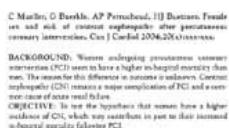
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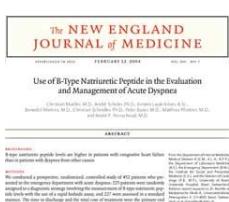
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Impact Factor 2.682, Peripheral vascular disease, Rank 25.



- Mueller C, Neumann FJ, Perruchoud AP, Buettner HJ. Renal Function and Long-Term Mortality After Unstable Angina/Non-ST Segment Elevation Myocardial Infarction Treated Very Early and Predominantly With Percutaneous Coronary Intervention. Heart 2004;90:902-7.**
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Impact Factor 51.658, Medicine, General & Internal, Rank 1.

CLINICAL STUDIES

Prognostic Value of the Admission Electrocardiogram in Patients with Unstable Angina/Non-ST Segment Elevation Myocardial Infarction Treated with Very Early Revascularization

Christian Mueller, MD, Daniel Stalder, Matthias Hölzle, MD – St. Gallen, Switzerland

Ander P. Perruchoud, MD, Daniel J. Buettner, MD

PURPOSE: The aim of this study was to determine the prognostic value of the admission electrocardiogram (ECG) in patients with unstable angina/non-ST segment elevation myocardial infarction (UAI/NE-MI) treated with very early revascularization.

METHODS: In the present study, 110 consecutive patients with UAI/NE-MI were treated with primary angioplasty or thrombolysis and were followed up for 1 year. The primary end point was death from all causes. Secondary endpoints included non-fatal myocardial infarction, stroke, and hospital admission for unstable angina.

RESULTS: During the 1-year follow-up, 10 patients died (9%). The cumulative probability of survival at 1 year was 89.1%.

IMPACT: The admission ECG was a strong predictor of long-term outcome in patients with UAI/NE-MI treated with very early revascularization.

- Mueller C, Neumann FJ, Perach W, Perruchoud AP, Buettner HJ. Prognostic Value of the Admission Electrocardiogram in Unstable Angina/Non-ST Segment Elevation Myocardial Infarction Treated With Very Early Revascularization. Am J Med 2004;117:145-50.**
Impact Factor 5.115, Medicine, General & Internal, Rank 9.

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Impact of diabetes mellitus on long-term outcome after unstable angina and non-ST-segment elevation myocardial infarction treated with a very early invasive strategy

C. Mueller, J. A. Ferenc, A. Perruchoud, H.-J. Buettner

Department of Cardiology, University Hospital St. Gallen, Switzerland

Abstract: We sought to evaluate the impact of diabetes mellitus on long-term outcome in patients with unstable angina/non-ST-segment elevation myocardial infarction (UAI/NE-MI) treated with very early invasive strategy.

Methods: In the present study, 110 consecutive patients with UAI/NE-MI were treated with primary angioplasty or thrombolysis and were followed up for 1 year. The primary end point was death from all causes. Secondary endpoints included non-fatal myocardial infarction, stroke, and hospital admission for unstable angina.

Results: During the 1-year follow-up, 10 patients died (9%).

Impact: Diabetes mellitus was associated with a significantly higher rate of death during long-term follow-up in patients with UAI/NE-MI treated with very early invasive strategy.

- Mueller C, Huber P, Laifer G, Mueller B, Perruchoud AP. Procalcitonin and the early diagnosis of infective endocarditis. Circulation 2004;109:1707-1710.**
Impact Factor 15.202, Cardiac & Cardiovascular Systems, Rank 1.

Impact of Diabetes Mellitus on Long-Term Outcome After Unstable Angina and Non-ST-Segment Elevation Myocardial Infarction Treated With a Very Early Invasive Strategy

C. Mueller, J. A. Ferenc, A. Perruchoud, H.-J. Buettner

Department of Cardiology, University Hospital St. Gallen, Switzerland

Abstract: We sought to evaluate the impact of diabetes mellitus on long-term outcome in patients with unstable angina/non-ST-segment elevation myocardial infarction (UAI/NE-MI) treated with very early invasive strategy.

Methods: In the present study, 110 consecutive patients with UAI/NE-MI were treated with primary angioplasty or thrombolysis and were followed up for 1 year. The primary end point was death from all causes. Secondary endpoints included non-fatal myocardial infarction, stroke, and hospital admission for unstable angina.

Results: During the 1-year follow-up, 10 patients died (9%).

Impact: Diabetes mellitus was associated with a significantly higher rate of death during long-term follow-up in patients with UAI/NE-MI treated with very early invasive strategy.

- Mueller C, Neumann FJ, Ferenc M, Perruchoud AP, Buettner HJ. Impact of Diabetes Mellitus on Long-Term Outcome After Unstable Angina and Non-ST-Segment Elevation Myocardial Infarction Treated With Very Early Revascularisation. Diabetologia 2004;47:1188-95.**
Impact Factor 5.822, Endocrinology & Metabolism, Rank 12.

CLINICAL STUDIES

Prognostic Value of Quantitative Troponin T Measurements in Unstable Angina/Non-ST-Segment Elevation Acute Myocardial Infarction Treated Early and Predominantly with Percutaneous Coronary Intervention

Christian Mueller, MD, Armin Ferenc, MD, Daniel Stalder, MD, Christian Perruchoud, MD

Thomas Zeller, MD, Daniel J. Buettner, MD, Daniel J. Perruchoud, MD

Abstract: We sought to evaluate the prognostic value of quantitative troponin T measurements in patients with unstable angina/non-ST-segment elevation myocardial infarction (UAI/NE-MI) treated with early and predominantly percutaneous coronary intervention (PCI).

Methods: In the present study, 110 consecutive patients with UAI/NE-MI were treated with primary angioplasty or thrombolysis and were followed up for 1 year. The primary end point was death from all causes. Secondary endpoints included non-fatal myocardial infarction, stroke, and hospital admission for unstable angina.

Results: During the 1-year follow-up, 10 patients died (9%).

Impact: Troponin T measurements were associated with a significantly higher rate of death during long-term follow-up in patients with UAI/NE-MI treated with early and predominantly PCI.

- Mueller C, Neumann FJ, Perruchoud AP, Zeller T, Buettner HJ. Prognostic Value of Quantitative Troponin T Measurements in Unstable Angina/Non-ST-Segment Elevation Myocardial Infarction Treated Early and Predominately With Percutaneous Coronary Intervention. Am J Med 2004;117:897-902.**
Impact Factor 5.115, Medicine, General & Internal, Rank 9.

B-type natriuretic peptide for acute dyspnea in patients with kidney disease: insights from a randomized comparison

Thomas Zeller, Daniel Rastan, Armin Ferenc, Christian Mueller, Daniel J. Perruchoud, Daniel J. Buettner

Abstract: We sought to evaluate the diagnostic value of B-type natriuretic peptide (BNP) for acute dyspnea in patients with kidney disease.

Methods: In the present study, 110 consecutive patients with acute dyspnea were randomly assigned to receive either BNP or placebo.

Results: BNP was more often elevated in patients with acute dyspnea than in those without acute dyspnea (45% vs 15%, $P < .001$). BNP was also more often elevated in patients with acute dyspnea and kidney disease than in those without kidney disease (45% vs 25%, $P = .001$).

Impact: BNP may be useful for the differential diagnosis of acute dyspnea in patients with kidney disease.

- Mueller C, Laule-Kilian K, Scholer A, Nusbaumer C, Zeller T, Staub D, Perruchoud AP. B-Type Natriuretic Peptide for Acute Dyspnea in Patients with Kidney Disease: Insights from a randomized comparison. Kidney Int 2005;67:278-84.**
Impact Factor 6.418, Urology & Nephrology, Rank 2.

CLINICAL STUDIES

Use of B-Type Natriuretic Peptide for the Management of Women with Dyspnea

Christian Mueller, MD, Karsten Laule-Kilian, MD, Andrej Scholer, MD, Barbara Freer, MD, Daniel Rodriguez, MD, Christian Scholer, MD

Abstract: We sought to evaluate the diagnostic value of B-type natriuretic peptide (BNP) for acute dyspnea in women with heart failure.

Methods: In the present study, 110 consecutive patients with acute dyspnea were randomly assigned to receive either BNP or placebo.

Results: BNP was more often elevated in patients with acute dyspnea than in those without acute dyspnea (45% vs 15%, $P < .001$).

Impact: BNP may be useful for the differential diagnosis of acute dyspnea in women with heart failure.

- Mueller C, Laule-Kilian K, Scholer A, Frana B, Rodriguez D, Schindler C, Marsch S, Perruchoud AP. Use of B-Type Natriuretic Peptide for the Management of Women with Dyspnea. Am J Cardiol 2004;94:1510-4.**
Impact Factor 3.905, Cardiac & Cardiovascular Systems, Rank 12.

CLINICAL INVESTIGATION

Percutaneous Peripheral Atherectomy of Femoropopliteal Stenoses Using a New-Generation Device: Six-Month Results From a Single-Center Experience

Thomas Zeller, MD, Aljoscha Rastan, MD, Uwe Schwarzwälder, MD, Christian Müller, MD, Peter-Chrystian Flügel, MD, and Frank Amantea, MD

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Department of Internal Medicine, University Hospital Basel, Switzerland

Abstract: We sought to evaluate the safety and efficacy of a new-generation device for percutaneous peripheral atherectomy of femoropopliteal stenoses.

Methods: In the present study, 110 consecutive patients with peripheral arterial disease were treated with the Silverhawk device.

Results: The mean age was 60 years (range, 30–80 years).

Impact: The device is safe and effective for the treatment of femoropopliteal stenoses.

- Zeller T, Rastan A, Schwarzwälder U, Frank U, Bürgelin K, Amantea P, Flügel PC, Müller C, Neumann FJ. Percutaneous Peripheral Atherectomy of Femoropopliteal Stenoses Using a New Generation Device: Six-Month Results from a Single Centre Experience. J Endovasc Therapy 2004;11:676-85.**
Impact Factor 2.682, Peripheral vascular disease, Rank 25.

Midterm Results after Atherectomy-assisted Angioplasty of Below-Knee Arteries with Use of the Silverhawk Device

Daniel J. Buettner, MD, Michael Koenig, MD, Christian Mueller, MD, Aljoscha Rastan, MD, Uwe Schwarzwälder, MD, Christian Müller, MD, Peter-Chrystian Flügel, MD, and Frank Amantea, MD

Department of Angiology, Herz-Zentrum Bad Krozingen, Germany

Department of Internal Medicine, University Hospital Basel, Switzerland

Abstract: We sought to evaluate the safety and efficacy of atherectomy-assisted angioplasty of below-knee arteries with the Silverhawk device.

Methods: In the present study, 110 consecutive patients with peripheral arterial disease were treated with the Silverhawk device.

Results: The mean age was 60 years (range, 30–80 years).

Impact: The device is safe and effective for the treatment of below-knee arteries.

- Zeller T, Rastan A, Schwarzwälder U, Frank U, Bürgelin K, Amantea P, Müller C, Krakenberg H, Flügel PC, Neumann FJ. Midterm Results After Atherectomy-assisted angioplasty of below-knee arteries with use of the Silverhawk Device. J Vasc Interv Radiol 2004;15:1391-7.**
Impact Factor 2.212, Peripheral vascular disease, Rank 19.

- Zeller T, Koch H, Frank U, Bürgelin K, Schwarzwälder U, Müller C, Rastan A, Amantea P, Neumann FJ. Histological verification of non-specific aortoarteritis (Takayasu's arteritis) using percutaneous transluminal atherectomy. Vasa 2004;33:247-51.**
Impact Factor 0.491, Peripheral vascular disease, Rank 45.

The use of B-type natriuretic peptide in the management of elderly patients with acute dyspnea

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Abstract. Mueller C, Laule-Kilian K, Frana B, Rodriguez D, Rudez J, Scholer A, Buser P, Pfisterer M, Perruchoud AP. The Use of B-Type Natriuretic Peptide in the Management of Elderly Patients with Acute Dyspnea. *J Intern Med* 2005;258:77–85.

Background. In elderly patients with acute dyspnea, the differential diagnosis of heart failure is often difficult. The use of B-type natriuretic peptide (BNP) has been proposed to help in the differentiation of heart failure from other causes of acute dyspnea.

Objectives. The aim of this study was to determine the value of BNP in the differentiation of heart failure from other causes of acute dyspnea in elderly patients.

Design. We performed a prospective observational study.

Setting. The study took place at the University Hospital Basel, Switzerland.

Patients. Thirty-four elderly patients with acute dyspnea were admitted to the hospital and were included in the study.

Interventions. All patients received BNP measurement and were managed according to the results.

Measurements and Main Results. The mean age of the study group was 75 years (range 65–85 years). The mean BNP level was 111 pg/l (range 10–1000 pg/l). The BNP level was significantly higher in patients with heart failure than in patients with other causes of acute dyspnea (mean difference 177 pg/l, 95% confidence interval 117–237 pg/l). The sensitivity of BNP for the detection of heart failure was 80% and the specificity was 90%. The positive predictive value was 75% and the negative predictive value was 90%. The BNP level was significantly higher in patients with heart failure than in patients with other causes of acute dyspnea (mean difference 177 pg/l, 95% confidence interval 117–237 pg/l). The sensitivity of BNP for the detection of heart failure was 80% and the specificity was 90%. The positive predictive value was 75% and the negative predictive value was 90%.

Conclusion. BNP is a useful tool in the differentiation of heart failure from other causes of acute dyspnea in elderly patients.

Keywords: B-type natriuretic peptide • acute dyspnea • heart failure • elderly patients

Incidence of contrast nephropathy in patients receiving comprehensive intravenous and oral volume supplementation

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⁴ Summary

Abstract. Comprehensive intravenous and oral volume supplementation is a well-known strategy to prevent contrast-induced nephropathy.

Objectives. The aim of this study was to determine the incidence of contrast-induced nephropathy in patients receiving comprehensive intravenous and oral volume supplementation.

Design. This study is a prospective observational study.

Setting. The study took place at the University Hospital Basel, Switzerland.

Patients. Forty-eight consecutive patients with a creatinine clearance of >60 ml/min were included in the study.

Interventions. All patients received a bolus of 1000 ml of 0.9% NaCl followed by a continuous infusion of 1000 ml/hour of 0.9% NaCl and 1000 ml/hour of 5% glucose solution.

Measurements and Main Results. The mean age of the study group was 65 years (range 40–85 years).

Conclusion. Contrast-induced nephropathy is a rare event in patients receiving comprehensive intravenous and oral volume supplementation.

Use of N-terminal pro-B-type natriuretic peptide to detect myocardial ischemia

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⁵ Summary

Abstract. N-terminal pro-B-type natriuretic peptide (NT-proBNP) has been proposed to detect myocardial ischemia.

Objectives. The aim of this study was to evaluate the use of NT-proBNP to detect myocardial ischemia in patients with suspected myocardial ischemia.

Design. This study is a prospective observational study.

Setting. The study took place at the University Hospital Basel, Switzerland.

Patients. Forty-eight consecutive patients with suspected myocardial ischemia were included in the study.

Interventions. All patients received a bolus of 1000 ml of 0.9% NaCl followed by a continuous infusion of 1000 ml/hour of 0.9% NaCl and 1000 ml/hour of 5% glucose solution.

Measurements and Main Results. The mean age of the study group was 65 years (range 40–85 years).

Conclusion. NT-proBNP is a promising marker to detect myocardial ischemia.

Keywords: N-terminal pro-B-type natriuretic peptide • myocardial ischemia

Use of pro-atrial natriuretic peptide in the detection of myocardial ischemia

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¹ Institute for Clinical Research, ² Institute for Endocrinology, ³ Institute for Cardiology, ⁴ Institute for Radiology, ⁵ Institute for Internal Medicine, University Hospital Basel, Switzerland

⁶ Summary

Abstract. Pro-atrial natriuretic peptide (proANP) has been proposed to detect myocardial ischemia.

Objectives. The aim of this study was to evaluate the use of proANP to detect myocardial ischemia.

Design. This study is a prospective observational study.

Setting. The study took place at the University Hospital Basel, Switzerland.

Patients. Forty-eight consecutive patients with suspected myocardial ischemia were included in the study.

Interventions. All patients received a bolus of 1000 ml of 0.9% NaCl followed by a continuous infusion of 1000 ml/hour of 0.9% NaCl and 1000 ml/hour of 5% glucose solution.

Measurements and Main Results. The mean age of the study group was 65 years (range 40–85 years).

Conclusion. ProANP is a promising marker to detect myocardial ischemia.

Keywords: pro-atrial natriuretic peptide • myocardial ischemia

Impact of Carbon Coating on the Restenosis Rate After Stenting of Atherosclerotic Renal Artery Stenosis

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⁴ Department of Radiology, University Hospital Basel, Switzerland

⁵ Summary

Abstract. To investigate the impact of carbon coating and low-profile wire on restenosis rate after stenting of atherosclerotic renal artery stenosis.

Objectives. The aim of this study was to compare the restenosis rate of atherosclerotic renal artery stenosis treated with a bare metal stent (BMS) or a drug-eluting stent (DES) with or without carbon coating.

Design. This study is a prospective observational study.

Setting. The study took place at the University Hospital Basel, Switzerland.

Patients. Forty-eight consecutive patients with atherosclerotic renal artery stenosis were included in the study.

Interventions. All patients received a BMS or a DES with or without carbon coating.

Measurements and Main Results. The mean age of the study group was 65 years (range 40–85 years).

Conclusion. Carbon coating does not influence the restenosis rate after stenting of atherosclerotic renal artery stenosis.

Keywords: carbon coating • restenosis • renal artery stenosis

B-type natriuretic peptide for risk stratification in community-acquired pneumonia

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⁶ Summary

Abstract. B-type natriuretic peptide (BNP) has been proposed to predict the outcome of community-acquired pneumonia (CAP).

Objectives. The aim of this study was to evaluate the use of BNP to predict the outcome of CAP.

Design. This study is a prospective observational study.

Setting. The study took place at the University Hospital Basel, Switzerland.

Patients. Forty-eight consecutive patients with CAP were included in the study.

Interventions. All patients received a bolus of 1000 ml of 0.9% NaCl followed by a continuous infusion of 1000 ml/hour of 0.9% NaCl and 1000 ml/hour of 5% glucose solution.

Measurements and Main Results. The mean age of the study group was 65 years (range 40–85 years).

Conclusion. BNP is a useful tool to predict the outcome of CAP.

Keywords: BNP • community-acquired pneumonia • outcome

Use of B-type natriuretic peptide in the management of acute dyspnea in patients with pulmonary disease

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Abstract. Mueller C, Laule-Kilian K, Frana B, Rodriguez D, Rodez J, Scholer A, Buser P, Pfisterer M, Perruchoud AP. The Use of B-Type Natriuretic Peptide in the Management of Acute Dyspnea in Patients with Pulmonary Disease. *J Intern Med* 2005;258:39–45.

Background. In patients with pulmonary disease, it is often challenging to distinguish between heart failure and other causes of acute dyspnea.

Objectives. The aim of this study was to determine the value of BNP in the differentiation of heart failure from other causes of acute dyspnea in patients with pulmonary disease.

Design. This study is a prospective observational study.

Setting. The study took place at the University Hospital Basel, Switzerland.

Patients. Forty-eight consecutive patients with pulmonary disease were included in the study.

Interventions. All patients received BNP measurement and were managed according to the results.

Measurements and Main Results. The mean age of the study group was 65 years (range 40–85 years).

Conclusion. BNP is a useful tool in the differentiation of heart failure from other causes of acute dyspnea in patients with pulmonary disease.

Keywords: BNP • acute dyspnea • pulmonary disease

Impact Factor 5.935, Medicine, General & Internal, Rank 12.

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Christ-Crain M, Morgenstaler NG, Meier C, Mueller C, Nussbaumer C, Bergmann A, Staub JJ, Müller B. Pro-A-type and N-terminal pro-B-type natriuretic peptides in different thyroid function states. *Swiss Med Wkly* 2005;135:549–554.

Impact Factor 1.436, Medicine, General & Internal, Rank 32.

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Impact Factor 5.502, Cardiac & Cardiovascular Systems, Rank 8.

Use of B-type natriuretic peptide in the detection of myocardial ischemia

Based on: Hecht, M.C., Christensen, R.H.C., Kiefer, J.J., deRango, M.P., Jones, M.R., American Heart Association Scientific Statement on the Use of B-type Natriuretic Peptide in the Detection of Myocardial Ischemia

Background: Echocardiography (ECG) has high specificity but limited sensitivity for the detection of myocardial ischemia. B-type natriuretic peptide (BNP) has been proposed as a biomarker for myocardial ischemia.

Methods: A meta-analysis of angiographic studies compared sensitivity and specificity of BNP and ECG for the detection of myocardial ischemia.

Results: Individual study performance was heterogeneous and varied depending on the definition of myocardial ischemia used. Overall, BNP had a sensitivity of 61% and specificity of 95%. ECG had a sensitivity of 80% and specificity of 95%. BNP had a specificity of 95% but had a lower sensitivity than ECG (61% vs. 75%). BNP had a higher specificity than ECG (95% vs. 80%) but a lower sensitivity. Positive predictive value was greater for the ECG (53% vs. 37%) and negative predictive value was greater for BNP (97% vs. 95%).

Conclusion: In patients with suspected myocardial ischemia, BNP can be used to exclude myocardial ischemia. The use of BNP should increase the diagnostic accuracy of exercise ECG leads to improved patient care.

Coronary artery disease and outcome in acute congestive heart failure

1 Fuchs, U., Laule-Kilian, A., Lohse, A., Villar, M., Pfeifer, A., Perruchoud, A.P., Mueller, C. *Heart* 2006;92:598-602. Originally published online 12 Sep 2006.

Abstract: Limited information exists concerning the relationship between coronary artery disease (CAD) and outcome in patients with acute congestive heart failure (CHF). We sought to determine the prevalence of CAD in patients with acute CHF and to evaluate its impact on outcome.

Method: We performed a retrospective analysis of consecutive patients admitted to our hospital with acute CHF. Coronary angiograms were performed in all patients with a history of CHF and in those without CHF who had evidence of myocardial ischemia on electrocardiogram or echocardiogram. We evaluated the presence of CAD and its relation to clinical presentation, laboratory findings, and outcome.

Results: Of 100 consecutive patients with acute CHF, 50 (50%) had evidence of CAD. The prevalence of CAD was significantly higher in patients with acute CHF than in patients with chronic CHF (40% vs. 20%, $P < 0.05$). Coronary angiograms showed more than 50% stenosis in 22% of patients with acute CHF and 14% of patients with chronic CHF ($P < 0.05$). There was no significant difference in age, gender, or risk factors between patients with and without CAD.

Conclusion: In patients with acute CHF, CAD is frequently present and associated with a worse outcome.

Use of chest radiography in the emergency diagnosis of acute congestive heart failure

1 Mancini, L., Laule-Kilian, A., Fuchs, U., Villar, M., Pfeifer, A.P., Perruchoud, A., Mueller, C. *Heart* 2006;92:603-607. Originally published online 13 Sep 2006.

Abstract: Chest radiography is often used in the emergency diagnosis of acute congestive heart failure (CHF). We sought to determine the usefulness of chest radiography in this setting.

Method: We performed a retrospective analysis of consecutive patients admitted to our hospital with acute CHF. We evaluated the presence of cardiomegaly, pulmonary edema, and pleural effusions on chest radiographs and their relation to clinical presentation, laboratory findings, and outcome.

Results: Of 100 consecutive patients with acute CHF, 70 (70%) had evidence of cardiomegaly, 60 (60%) had evidence of pulmonary edema, and 20 (20%) had evidence of pleural effusions. The presence of cardiomegaly was significantly different in patients with acute CHF than in patients with chronic CHF (50% vs. 30%, $P < 0.05$). The presence of pulmonary edema was also significantly different in patients with acute CHF than in patients with chronic CHF (40% vs. 20%, $P < 0.05$). There was no significant difference in age, gender, or risk factors between patients with and without cardiomegaly.

Conclusion: Chest radiography is useful in the emergency diagnosis of acute CHF.

Inflammation and long-term mortality in acute congestive heart failure

1 Dierckx, G., Laule-Kilian, A., Lohse, A., Villar, M., Pfeifer, A.P., Mueller, C. *Heart* 2006;92:695-699. Originally published online 12 Sep 2006.

Abstract: Systemic inflammation has been recognized as a marker of acute congestive heart failure (CHF). We sought to determine whether systemic inflammation is associated with long-term mortality in patients with acute CHF.

Method: We analyzed the prognostic value of information among 125 consecutive patients admitted to our hospital with acute CHF. We evaluated the presence of systemic inflammation at admission and its relation to clinical presentation, laboratory findings, and outcome.

Results: The presence of systemic inflammation was significantly associated with death during follow-up (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$). Cox regression analysis showed that the presence of systemic inflammation was independently associated with death (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$). Cox regression analysis showed that the presence of systemic inflammation was independently associated with death (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$).

Conclusion: The presence of systemic inflammation at admission is associated with long-term mortality in patients with acute CHF.

Hypertension is an independent risk factor for contrast nephropathy after percutaneous coronary intervention

1 David, C., Muller, C., Gerd, H., Hartel, S., Daniel, P., Perruchoud, A., Helmut, J., Buerkle, G. *Heart* 2006;92:845-850. Originally published online 12 Sep 2006.

Abstract: Hypertension is an independent risk factor for contrast nephropathy after percutaneous coronary intervention (PCI). We hypothesized that the association between hypertension and contrast nephropathy is mediated by increased glomerular filtration rate (GFR).

Method: We performed a prospective study involving 100 consecutive patients undergoing PCI. We evaluated the presence of hypertension at admission and its relation to clinical presentation, laboratory findings, and outcome.

Results: The presence of hypertension was significantly associated with contrast nephropathy (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$). Cox regression analysis showed that the presence of hypertension was independently associated with contrast nephropathy (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$).

Conclusion: The presence of hypertension is associated with contrast nephropathy after PCI.

The use of B-type natriuretic peptide in the management of patients with diabetes and acute dyspnoea

1 Kostev, K., Laule-Kilian, A., Villar, M., Pfeifer, A.P., Mueller, C. *Heart* 2006;92:629-636. Originally published online 12 Sep 2006.

Abstract: The use of B-type natriuretic peptide (BNP) in the management of patients with diabetes and acute dyspnoea is not well defined. We sought to determine the usefulness of BNP in this setting.

Method: We performed a prospective study involving 100 consecutive patients with acute dyspnoea. We evaluated the presence of diabetes and its relation to clinical presentation, laboratory findings, and outcome.

Results: The presence of diabetes was significantly associated with BNP levels (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$). Cox regression analysis showed that the presence of diabetes was independently associated with BNP levels (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$).

Conclusion: The presence of diabetes is associated with BNP levels in patients with acute dyspnoea.

Cost-effectiveness of B-Type Natriuretic Peptide Testing in Patients with Acute Dyspnea

1 Christou, M., Kotsopoulos, J., Latimer, A., O'Connell, J., Perruchoud, A.P., Mueller, C. *Arch Intern Med* 2006;166:1081-1087. Originally published online 12 Sep 2006.

Abstract: The cost-effectiveness of B-type natriuretic peptide (BNP) testing in patients with acute dyspnea is not well defined. We sought to determine the cost-effectiveness of BNP testing in this setting.

Method: We performed a prospective study involving 100 consecutive patients with acute dyspnoea. We evaluated the presence of BNP testing and its relation to clinical presentation, laboratory findings, and outcome.

Results: The presence of BNP testing was significantly associated with BNP levels (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$). Cox regression analysis showed that the presence of BNP testing was independently associated with BNP levels (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$).

Conclusion: The presence of BNP testing is associated with BNP levels in patients with acute dyspnoea.

Gender differences in acute congestive heart failure

1 Mihnev, R., Kotsopoulos, J., Christou, M., Perruchoud, A.P., Mueller, C. *Swiss Med Wkly* 2006;136:311-317. Originally published online 12 Sep 2006.

Abstract: Gender differences in acute congestive heart failure (CHF) have not been well defined. We sought to determine the presence of gender differences in patients with acute CHF.

Method: We performed a prospective study involving 100 consecutive patients with acute CHF. We evaluated the presence of gender differences and its relation to clinical presentation, laboratory findings, and outcome.

Results: The presence of gender differences was significantly associated with BNP levels (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$). Cox regression analysis showed that the presence of gender differences was independently associated with BNP levels (HR 2.25, 95% CI 1.16-4.34, $P = 0.02$).

Conclusion: The presence of gender differences is associated with BNP levels in patients with acute CHF.

Brain natriuretic peptide for prediction of Cheyne-Stokes respiration in heart failure patients

1 Michael, Christ, M., Yalva Shabotina, I., Honig, F., Stein, R., Grimm, W., Perruchoud, A.P., Mueller, C. *Int J Cardiol* 2007;116:62-9. Epub 2006 Jul 3.

Abstract: Cheyne-Stokes respiration (CSR) is a pattern of alternating periods of apnea and hyperventilation. We evaluated the use of B-type natriuretic peptide (BNP) for the prediction of CSR in heart failure patients.

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Long-term prognostic value of B-type natriuretic peptide in cardiac and non-cardiac causes of acute dyspnoea

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Incidence of Contrast-Induced Nephropathy with Volume Supplementation - Insights from a Large Cohort

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Abstract
 Objective: To determine the incidence of contrast-induced nephropathy (CIN) in patients undergoing diagnostic imaging procedures and to evaluate the effect of volume supplementation on the incidence of CIN.

Design: A prospective study was performed in consecutive patients undergoing diagnostic imaging procedures at the University Hospital Basel. The incidence of CIN was determined by creatinine measurement and estimated glomerular filtration rate (eGFR) before and after the procedure. Patients were stratified according to the administration of volume supplementation (0.5 L, 1 L, or 2 L) and the administration of contrast media (0.5 mmol/kg, 1 mmol/kg, or 1.5 mmol/kg).

Setting: University Hospital Basel, Switzerland.

Subjects: All patients undergoing diagnostic imaging procedures at the University Hospital Basel were included.

Interventions: Volume supplementation was administered orally 1 h before the procedure. The volume of the supplement was determined by the estimated creatinine clearance of the patient and the dose of contrast medium.

Measurements and Main Results: The incidence of CIN was 1.7% in the control group (no volume supplementation), 1.0% in the 0.5 L group, 0.8% in the 1 L group, and 0.5% in the 2 L group. The incidence of CIN was significantly lower in the groups receiving volume supplementation compared with the control group (0.5 L, P = 0.04; 1 L, P = 0.03; 2 L, P = 0.01).

Conclusion: The incidence of CIN is significantly reduced by volume supplementation. This reduction is dose-dependent and may be explained by the increased eGFR and decreased serum creatinine levels after volume supplementation.

Plasma Pro-Adrenomedullin But Not Plasma Pro-Endothelin Predicts Survival in Exacerbations of COPD

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Impact of body temperature on in-hospital and long-term mortality in patients with acute heart failure

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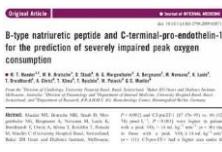
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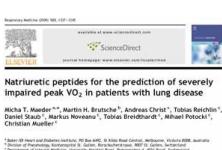
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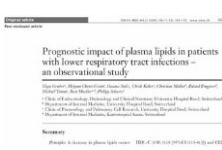
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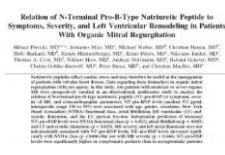
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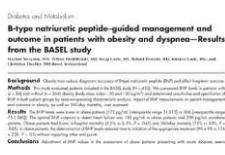
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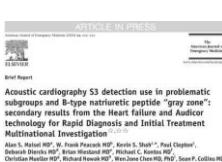
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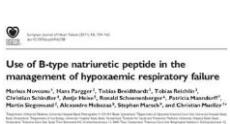
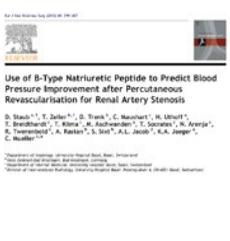
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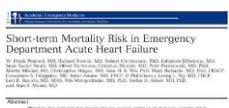
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Oral contributions to international conferences last 5 years:

Regular speaker at international conferences with 15-20 oral presentation per year, including in the last 5 years:

Annual meeting of the European Society of Cardiology 2017-2022

Annual meeting of the Heart Failure Association 2017-2022

Annual meeting of the Acute Cardiovascular Care Association 2017-2022,

Annual meeting of the Global Research on Acute Conditions Team 2017-2022

Integrated Management of Cardiovascular Disease 2017-2022

Annual meeting of the Swiss Society of Cardiology 2017-2022

Annual meeting of the International Federation of Clinical Chemists

Annual meeting of the American College of Cardiology

Annual meeting of the American Heart Association

Annual meeting of the European Society of Emergency Medicine

Outreach activities last 5 years:

Aimed at clinicians and medical personnel

Organisational committee MedArt Congress Basel 2017-2022

Organiser of the Cardio Update Basel, University Hospital Basel 2017-2022

Organisational committee Monthly Heart Failure lectures 2012-2017

Featured in webinars of "ESC TV", ESC-ACCA webinars

Educational and Implementation efforts related to Clinical Practice Guidelines of the European Society of Cardiology, including first authorship and co-authorships of specific educationa Q&A documents accompanying the 2015 ESC NSTE-ACS guidelines, as well as co-author and reviewer activities of several other Clinical Practiec Guidelines of the European Society of Cardiology

Leading interdisciplinary educational and implementation efforts of the Swiss Society of Cardiology, the Swiss Society of Laboratory Medicine, and the diagnostic industry in Switzerland related to standardization and harmonization of the reporting of cardiac troponin concentrations to avoid medical harm to patients by erroneous interpretation of results

Editorials in medical newspapers targeting primary care physicians with topics related to major scientific advances and their possible clinical implications

Aimed at the general public

Online presence with website www.dyspnea.ch and www.crib-usb.ch

Social media presence on Twitter @CRIBasel

Creation and publication of "CRIB today" explaining major scientific publications in video, uploaded to website and social media

Tag der offenen Tür Herzzentrum Universitätsspital Basel (2011 und 2017)