Citation Classics from *Indian Pediatrics*

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Scientific papers are often assessed by the number of citations they receive in subsequent years. We retrieved the most cited articles published in 'Indian Pediatrics' by counting the number of citations on 'Google scholar'. 17 scientific papers received more than 50 citations; all except one were research articles. The maximum number of most cited articles (six each) were related to neonatology and infectious diseases. Most of these articles made significant impact in formulation of guidelines and/or change in practice and policy.

Keywords: *Bibliometrics, Journal impact factor.*

The impact of a scientific paper is often assessed by the number of citations it receives as it is assumed that the work that has value to others will be cited in subsequent manuscripts [1]. In this communication, we present the 10 most frequently cited articles published in *Indian Pediatrics,* since its inception in last 50 years (1964–2013).

METHODS

For calculating the number of citations, we accessed Google Scholar (scholar.google.com; date of search: October 1, 2012) and keyed the words '*Indian Pediatrics*' in search bar. ISI Web of knowledge database was not used to calculate the number of citations as *Indian Pediatrics* was included in this database only from 2006. Though the searches on Google Scholar are generally listed in descending order of their citations, we scanned first 100 pages (1000 titles) so as not to miss any relevant title not arranged serially. We could find 17 articles receiving more than 50 citations; all except one were research articles. Six articles pertained to neonatology; 6 were related to infectious diseases and immunity; 3 discussed growth and nutrition; and 1 each was from emergency pediatrics and hypertension. Abstracts of 10 most cited articles out of these seventeen, as retrieved from PubMed, are being presented here along with brief editorial comments.

Editorial Note: All the 10 articles cited in this paper are freely available online. Full text can be accessed and downloaded from *www.indianpediatrics.net*

RESULTS AND COMMENTS

Resuscitation of Asphyxiated Newborns With Room Air or 100% Oxygen at Birth: A Multicentric Clinical Trial. *Indian Pediatr*. 2003;40:510-7.

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S RAMJI, ET AL.

From the Department of Pediatrics, Maulana Azad Medical College, New Delhi; Division of Reproductive Health & Nutrition, ICMR, New Delhi; K.G. Medical College, Lucknow; Department of Pediatrics, P.G.I. Chandigarh; and Department of Pediatrics, KG Hospital Chennai, India.

Objective: To compare the short-term efficacy of room air versus 100% oxygen for resuscitation of asphyxiated newborns at birth. **Design**: Multicentric quasi-randomized controlled trial. **Setting**: Teaching hospitals. **Inclusion criteria**: Asphyxiated babies weighing> 1000 grams, with heart rate <100/min and/or apnea, unresponsive to nasopharyngeal suction and tactile stimuli and having no lethal abnormalities. **Intervention**: Asphyxiated neonates born on odd dates were given oxygen and those on even dates room air for resuscitation. **Outcome measures**: *Primary*: Apgar score at 5 minutes; *Secondary*: Mortality and Hypoxic ischaemic encephalopathy (HIE) during first 7 days of life. **Results**: A total of 431 asphyxiated babies, 210 in the room air and 221 in 100% oxygen group were enrolled for the study. Both the groups were comparable for maternal, intrapartum and neonatal characteristics. The heart rates in room air and 100% oxygen groups were comparable at 1 minute (94 bpm and 88 bpm), 5 minutes (131 bpm and 131 bpm) and 10 minutes (135 bpm and

136 bpm). Median apgar scores at 5 min (7 *versus* 7) and 10 minutes (8 *versus* 8), in the room air and oxygen groups respectively, were found to be comparable. Median time to first breath (1.5 *versus* 1.5 minutes) was similar in the room air and oxygen group. Median time to first cry (2.0 *versus* 3.0 minutes) and median duration of resuscitation (2.0 *versus* 3 minutes) were significantly shorter in the room air group. The number of babies with HIE during first seven days of life in the two treatment groups (35.7% babies in room air and 37.1% in the 100% oxygen group) were similar. There was also no statistically significant difference in the overall and asphyxia related mortality in the two treatment groups (12.4% and 10.0% in room air *versus* 18.1% and 13.6% in oxygen group). **Conclusion**: Room air appears as good as 100% oxygen for resuscitation of asphyxic newborn babies at birth.

***Editorial comments*:** This is one of the early works related to resuscitation of human newborns with room air instead of 100% oxygen. Following publication of this paper, and other similar articles from some other centers documenting equivalence or superiority of room air, 2010 neonatal resuscitation guidelines recommended resuscitation of term newborns to be initiated with room air rather than 100% oxygen [2].

A huge impact indeed; who says that only castles can be built out of Air!

Burden of Morbidities and the Unmet Need For Health Care In Rural Neonates-A Prospective Observational Study in Gadchiroli, India. *Indian Pediatr.* 2001;38:952-65.

AT BANG, *et al.*

From SEARCH, P.O. and District: Gadchiroli, 442 605, India.

Background: Majority of the neonates in developing countries are born and cared for in rural homes but the available information is mostly hospital based. **Objectives:** To estimate: (*i*) the incidence of various neonatal morbidities and associated case fatality in home-cared rural neonates, (*ii*) proportion of neonates with indications for health care, and (*iii*) the proportion who actually receive it. **Design:** Prospective observational study. **Setting:** Rural homes. **Methods:** Neonates in 39 study villages in the Gadchiroli district (Maharashtra, India) were observed during one year (1995-96) by 39 trained female village health workers at birth and during neonatal period (0-28 days) by making eight home visits. A physician checked the data and the morbidities were diagnosed by a computer program. Vital statistics in these villages was independently collected. **Results:** Out of 1016 live births, 95% occurred at home and 763 (75%) neonates were observed. The agreement between observations by health workers and physician was 92%. Total 48.2% neonates suffered high risk morbidities (associated case fatality >10%), 72.2% suffered low risk morbidities, and 17.9% gained inadequate weight (<300g). Seventeen percent neonates developed clinical picture suggestive of sepsis. Though 54.4% neonates had indications for health care and 38 out of total 40 neonatal deaths occurred in these, only 2.6% received medical attention. The neonatal mortality rate was 52.4/1000 live births. **Conclusion:** Nearly half of the neonates in rural homes developed high risk morbidities ten times the neonatal morbidity rate and needed health care but practically none received it. The magnitude of care gap suggests an urgent need for developing home-based neonatal care to reduce neonatal morbidities and mortality.

***Editorial comments*:** This baseline work from Gadchiroli, India laid the foundation for research on home based neonatal care from Gadchiroli, published in the *Lancet* [3], and from other rural settings throughout the world. Home based newborn care is a well established concept now; one of the key activities under National Rural Health Mission, Government of India [4]. Gadchiroli work subsequently spurred many trials in different parts of the world. The recently published systematic review on home based newborn care in *Indian Pediatrics* [5] is a true tribute to this landmark paper.

"Love begins by taking care of the closest ones - the ones at home" - Agnes Gonxha Bojaxhiu (Mother Teresa)

Effect of Delayed Cord Clamping on Iron Stores in Infants Born to Anemic Mothers: A Randomized Controlled Trial. *Indian Pediatr.* 2002;39:130-5.

R GUPTA AND S RAMJI

From the Neonatal Division, Department of Pediatrics, Maulana Azad Medical College, New Delhi 110 002, India.

Objective: To study the effects of cord clamping on iron stores of infants born to anemic mothers at 3 months of age. **Design:** Randomized controlled trial. **Setting:** Teaching hospital. **Methods:** Infants born to mothers with hemoglobin (Hb) <100 g/L were randomized at delivery to either immediate cord clamping (early group) or cord clamping delayed till descent of placenta into vagina (delayed group). The outcome measures were infant's hemoglobin and serum ferritin 3 months after delivery. **Results:** There were 102 neonates randomized to early (n = 43) or delayed cord clamping (n = 59). The groups were comparable for maternal age, parity, weight

and supplemental iron intake, infant's birth weight, gestation and sex. The mean infant ferritin and Hb at 3 months were significantly higher in the delayed clamping group (118.4 µg/L and 99 g/L) than in the early clamping group (73 µg/L and 88 g/L). The mean decrease in Hb (g/L) at 3 months adjusted for co-variates was significantly less in the delayed clamping group compared to the early clamping group (–1.09, 95% CI –1.58 to –0.62, $P<0.001$). The odds for anemia (<100 g/L) at 3 months was 7.7 (95% CI 1.84–34.9) times higher in the early compared to the delayed clamping group. **Conclusions:** Iron stores and Hb in infancy can be improved in neonates born to anemic mothers by delaying cord clamping at birth.

***Editorial comments*:** Though the work on timing of clamping of umbilical cord started in early 1900s, this research helped to build the body of evidence in favor of delayed cord clamping in newborns. Subsequent Cochrane review [6] established the benefit of delayed cord clamping on infant iron status. Many experts and organizations now recommend delayed cord clamping as a standard practice; rarely followed though in actual practice!

(Delay is a remedy not only for anger!)

The Intraosseous Route is a Suitable Alternative to Intravenous Route for Fluid Resuscitation in Severely Dehydrated Children. *Indian Pediatr*. 1994;31: 1511-20.

S BANERJEE, *et al.*

From the Department of Pediatrics, Postgraduate Institute of Medical Education and Research, Chandigarh.

Abstract: It is sometimes difficult to gain a rapid intravenous access in hypovolemic states. The suitability of intraosseous (IO) route for fluid infusion as an effective, safe and reliable alternative to intravenous (IV) route was explored. Sixty children (age range 3 months to 2 years) with severe dehydration were assigned alternately to receive resuscitating fluid through either IO or IV routes. The IO route was successfully secured in all cases within the first 5 minutes of attempt. On the other hand, the IV line could not be secured in 33% (10 out of 30) patients within 5 minutes. The time taken for IV cannulation when it was successful (129 +/- 13 seconds, 95% confidence interval 103-156 seconds) was significantly longer than the time taken for IO cannulation (67 +/- 7 seconds, 95% confidence interval 55-80 seconds). Fluid infusion through either routes was equally effective in stabilizing vital signs and normalizing laboratory abnormalities. No significant complication of IO route was noted on short term follow-up. We conclude that IO route is a safe, effective alternative for emergency fluid administration in severe dehydration when intravenous line cannot be secured rapidly.

***Editorial comments*:** The use of marrow space as a 'non-collapsible vein' was at peak during the Second World War [7]. The interest in intraosseous administration of fluids in severe dehydration renewed in the early 1980s, when an American pediatrician visiting India observed many dehydrated children being resuscitated this way during the cholera epidemic [8]. Subsequent published work, including this brief research from a tertiary care hospital in India, led to intraosseous rehydration becoming a standard in Pediatric Advanced Life Support (PALS) [9].

Fluids have to get in the severely dehydrated by any means –either by hook (IV) or by crook (IO).

Determinants of Low Birth Weight: A Community Based Prospective Cohort Study. *Indian Pediatr*. 1994;31:1221-5.

SS HIRVE AND BR GANATRA

From KEM Hospital Research Centre, Rasta Peth, Pune, India.

Abstract: The study aimed at identifying and quantifying determinants of low birth weight (LBW) by following a community based prospective cohort of pregnant women in 45 villages in Pune district. In the 1922 live births born to mothers without a chronic illness, in whom birth weight was available within 24 hours, the cumulative incidence of LBW (<2500 g) was 29%. The unadjusted relative risks for LBW were significantly higher for lower socio-economic status (RR = 1.71), maternal age less than 20 years (RR = 1.27), primiparity (RR = 1.32), last pregnancy interval less than 6 months (RR = 1.48), non-pregnant weight less than 40 kg (RR = 1.3), height below 145 cm (RR = 1.51), hemoglobin less than 9 g/dL (RR = 1.53) and third trimester bleeding (RR = 1.87). Multivariate logistic regression analysis showed that the adjusted odds ratio for LBW decreased with increasing gestational duration, non-pregnant weight, parity and rising education level of the mother. Socio-economic status, non-pregnant weight, maternal height, and severe anemia in pregnancy had substantial attributable risk per cent for LBW (41.4%, 22.9%, 29.5% and 34.5%, respectively). The findings suggest that selectively targeted interventions such as improving maternal education and nutrition, specifically anemia, wider availability of contraception to delay the first pregnancy and to increase pregnancy intervals may help in identifying and ensuring adequate care for those women at greatest risk of LBW.

***Editorial comments*:** The earliest gem from Pune low-birth-weight cohort; comprehensively laid down the risk factors in Indian children. The incidence of LBW and the risk factors identified almost 20 years back still hold true!

Effect of Zinc Supplementation on Cell-Mediated Immunity and Lymphocyte Subsets in Preschool Children. *Indian Pediatr*. 1997; 34: 589-97.

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S SAZAWAL, *et al.*

From ICMR Advanced Center for Diarrheal Disease Research, All India Institute of Medical Sciences, New Delhi.

Objective: In a zinc supplementation trial (with a significant impact on diarrheal morbidity), to evaluate effect of zinc supplementation on cellular immune status before and after 120 days of supplementation. **Design:** A double blind, randomized controlled trial with immune assessment at baseline and after 120 days on supplement. **Setting:** Community based study in an urban slum population. **Subjects:** Randomly selected children (zinc 38, control 48), had a Multitest CMI skin test at both times. In 66 children (zinc 22, control 34), proportions of CD3, CD4, CD8, CD16, CD20 cells and the CD/CD8 ratio were also estimated using a whole blood lysis method and flowcytometry. **Intervention:** Zinc gluconate to provide elemental zinc 10 mg daily and 20 mg during diarrhea. Results: Regarding CMI, the percentage of anergic or hypoergic children (using induration score) decreased from 67% to 47% in the zinc group, while in the control group it remained unchanged (73% vs 71%) ($p = 0.05$). The percentage of children deteriorating between first and second tests was significantly lower in the zinc group (13% vs 33%, $p = 0.03$). Regarding lymphocyte subsets, the zinc group had a significantly higher rise in the geometric means of CD3 (25%, $p = 0.02$), CD4 (64% $p = 0.001$), and CD4/CD8 ratio (73% $p = 0.004$) with no difference in CD8 and CD20. The rise in CD4 was significantly higher in the zinc as compared to the control group; the ratio of geometric means was 1.45 (95% CI, 1.03-2.01). **Conclusion:** Zinc supplementation improves cellular immune status, which may have been one of the mechanisms for observed impact of zinc supplementation on diarrheal morbidity.

***Editorial comments*:** One of the few studies which tried to explain the reasons for benefit of zinc in prevention and treatment of infectious diseases. As zinc is being tried in a variety of infections; the citations are bound to increase further.

An Epidemic of Dengue Hemorrhagic Fever and Dengue Shock Syndrome in Children in Delhi. *Indian Pediatr*. 1998;35:727-32.

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A AGGARWAL, *et al*.

From the Department of Pediatrics, Kalawati Saran Children's Hospital, New Delhi, India.

Objective: To study clinical profiles and outcome of children of dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS) during 1996 Delhi epidemic. **Design:** Retrospective study. **Setting:** Hospital based study. **Methods:** Children hospitalized from September to November 1996 were studied. All patients were diagnosed, managed and monitored according to a standard protocol. **Results:** One hundred and thirty four children (80 (60%) males and 54 (40%) females) were studied. Sixty (45%) children were less than 6 years of age of which 12 presented during infancy. There were 92 (67%) cases of DHF and 42 (33%) cases of DSS. Common symptoms were fever (93%), abdominal pain (49%) and vomiting (68%). The commonest hemorrhagic manifestation was hematemesis (39%) followed by epistaxis (36%) and skin bleeds (33%). Hepatomegaly was observed in 97 (72%) cases and splenomegaly in 25 (19%). Serology was positive (IgM hemaglutination antibody titres > 1: 160) for dengue type 2 in 31 (80%) of 39 patients in whom sera was tested during the acute phase of illness. Mortality was 6%. Hematocrit > 40% was observed in only 25 (18%) patients and hence the management protocol was based on clinical signs and symptoms and not on hematocrit. **Conclusions:** A management protocol of DHF/DSS in which fluid therapy is not based on haematocrit values needs to be formulated.

***Editorial comments*:** Dengue outbreaks in Delhi were regularly reported in medical literature since 1960s but the 1996 epidemic got the maximum attention because of its magnitude. Almost all major institutes in Delhi reported their experience with Dengue in different journals; all such articles received good number of citations.

Dengue Fever Epidemic in Chennai - A Study of Clinical Profile and Outcome. *Indian Pediatr*. 2002;39:1027-33.

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M NARAYANAN, *et al*.

From the Institute of Social Pediatrics, Government Stanley Medical College and Hospital, Chennai, King's Institute of Preventive Medicine, Chennai, India.

Children with dengue fever presenting to the Institute of

Social Pediatrics, Government Stanley Hospital, during the months of October to December 2001, were prospectively followed up for clinical profile and outcome. Commonest clinical features were fever, vomiting, bleeding, body pain and hepatomegaly. Elevated liver enzymes and low platelet counts were common laboratory findings in dengue. Hepatomegaly, positive tourniquet test, elevated haematocrit and thrombocytopenia were more common in DHF and DSS group. Retro-orbital pain was slightly more in DHF and DSS groups and there was a tendency for DSS to present at an earlier age. There was no correlation between platelet counts and bleeding in classical dengue cases.

***Editorial comments*:** Dengue epidemic again; this time from Chennai.

Hematological Observations as Diagnostic Markers in Dengue Hemorrhagic Fever - A Reappraisal. *Indian Pediatr*. 2001; 38: 477-81.

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S GOMBER, *et al*.

From the Department of Pediatrics,
University College of Medical Sciences and GTB Hospital,
Delhi 110 095, India.

Objective: To determine the utility of certain clinical and hematological parameters as diagnostic markers of dengue hemorrhagic fever (DHF), namely, (*i*) tourniquet test, (*ii*) association of bleeding manifestations with the platelet count, and (*iii*) "cut off" value of hematocrit diagnostic of DHF in Indian population. **Design:** Prospective study. **Setting:** Tertiary care hospital. **Subjects:** 304 children of DHF presenting between September 1996 to December 1996. **Results:** The tourniquet test had a low sensitivity and was positive only in 61/239 (25.5%) cases. There was no statistical difference in the incidence of bleeding manifestations between thrombocytopenic and non-thrombocytopenic individuals highlighting poor association of thrombocytopenia with bleeding manifestations. A "cut off" hematocrit value of 36.3% diagnostic of DHF was estimated by discriminant analysis in Indian population. **Conclusion:** The study highlights tourniquet test as a less sensitive diagnostic marker of DHF, poor association of thrombocytopenia with bleeding manifestations and also defines the hematocrit value diagnostic of DHF in Indian population.

***Editorial comments*:** This article also describes experience of a center with 1996 Delhi epidemic of Dengue. The new dengue management guidelines put less emphasis on tourniquet test [10]. Platelet transfusions are also not indicated in most cases.

Effects of Tactile-Kinesthetic Stimulation in Preterms - A Controlled Trial. *Indian Pediatr.* 2001;38:1091-8.

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S MATHAI, *et al*.

From the Department of Neonatology,
Lokmanya Tilak Municipal Medical College and General Hospital, Sion, Mumbai, India.

Background: To determine the effects of tactile-kinesthetic stimulation to preterms on physiologic parameters, physical growth and behavioral development. **Design:** Controlled trial. **Setting:** The premature unit (growing nursery) of a large, teaching hospital. **Subjects:** 48 well preterms with birth weights between 1000-2000 grams. **Intervention:** The neonates were systematically allocated into test and control groups. Test babies received tactile-kinesthetic stimulation in the form of a structured baby massage from day 3 to term corrected age. They were observed for changes in vital parameters (heart rate, respiration, temperature and oxygen saturation) during the first few days of stimulation in hospital. Thereafter, massage was continued at home. Changes in weight, length and head circumference and neuro-behavior (Brazelton Neuro-Behavioral Assessment Scale) were assessed in both groups before, during and after the study period. **Results:** An increase in heart rate (within physiologic range) was seen in the test group during stimulation. This group also showed a weight gain of 4.24 g/day more than controls, which was statistically significant. On the Brazelton Scale the test group showed statistically significant improved scores on the "orientation", "range of state", "regulation of state" and "autonomic stability" clusters at follow-up. No significant complications were noted. A positive correlation was found between the duration of stimulation in days and the weight gain in grams but this did not reach statistical significance. **Conclusions:** Tactile-kinesthetic stimulation when administered to well, preterm infants has a beneficial effect on growth and behavioral development with no adverse effects on physiologic parameters.

***Editorial comments:** Touch is divine! Now I too need a relaxing massage.*

Apart from these 10 articles, following articles also received more than 50 citations:

1. Agarwal DK, Agarwal KN. Physical growth in Indian affluent children (birth-6 years). *Indian Pediatr*. 1994;31:377-413.
2. Broor S, Pandey RM, Ghosh M, Maitreyi RS, Lodha R, Singhal T. Risk factors for severe acute lower respiratory tract infection in under-five children.

Indian Pediatr. 2001;38:1361-9.

3. Krishnaveni GV, Hill JC, Veena SR, Leary SD, Saperia J, Chachyamma KJ, *et al*. Truncal adiposity is present at birth and in early childhood in South Indian children. *Indian Pediatr*. 2005;42:527-38.
4. Deshmukh JS, Motghare DD, Zodpey SP, Wadhva SK. Low birth weight and associated maternal factors in an urban area. *Indian Pediatr*. 1998;35:33-6.
5. Ghosh S, Shah D. Nutritional problems in urban slum children. *Indian Pediatr.* 2004;41:682-96.
6. Ray MS, Singh V. Comparison of nebulized adrenaline versus salbutamol in wheeze associated respiratory tract infection in infants. *Indian Pediatr*. 2002;39:12-22.
7. Anand NK, Tandon L. Prevalence of hypertension in schoolgoing children. *Indian Pediatr*. 1996;33:377-81.

DISCUSSION

The term 'citation classics' refers to the collection of most cited papers related to a topic [11], a speciality [12] or a journal [13]. As the vast majority of articles published in most journals are never cited even once, those that are cited frequently are considered to have significant influence [12]. In this analysis, we observed that almost all the top cited articles had significant impact as they contributed to development of guidelines or/and change in policy and practice. We also found that most cited articles were related to fields of neonatology and infectious diseases. Rather, three of the ten most cited articles described the profile of children suffering from dengue during the epidemics. Biometric analysis from another pediatric journal published in Spanish reported that topics related to neurology, infectious diseases and neonatology received the maximum citations [14]. Articles related to neonatology receive more citations possibly due to a global focus on neonatal conditions to decrease high infant mortality rate, and also because neonatology is a relatively well established speciality in the country. The reasons for infectious disease articles receiving more citations could be related to their importance in generating locally relevant information that is missing in Western literature. Another important finding from the current analysis was that only one of the 17 articles receiving more than 50 citations was a review article; rest were research related publications. This is against the common perception that review articles are most likely to get cited, and they increase the journal's impact factor.

The limitations of present analysis include the use of Google Scholar for retrieving citations which also counts citations in books and some online resources besides standard journals. Duplicate citations are also not always eliminated by Google Scholar. Also, there could be a bias of current methodology against articles published before 1990s as they are generally not included or not often cited because of lack of digitization of biomedical information in that era. There is also a likely bias against articles published in recent years as they have not yet passed adequate test of time. Moreover, the process of assessment of impact of an article by counting the number of citations it receive has its own limitations [15,16]. Articles are often cited not only because they are important but also because they are sometimes lengthy, include a long list of reference or sometimes even because of their notoriety.

The concluding message is that *'Indian Pediatrics'* has published many landmark papers that were heavily cited and made an impact. The other papers published in the journal in past 50 years were also equally good as all had passed through the same rigorous process of peer review and editing; only that the current methodology could select just a few for this write-up.

Contributors: PG and DS conceived the idea. The search was planned and executed by DS and MG. Data were extracted by DS and MG. DS wrote the manuscript and inserted the editorial comments. MG helped in drafting. PG critically evaluated it for intellectual content.

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