

reported in the literature.<sup>4,5</sup> A conservative approach is only an option in carefully selected patients, and even these patients must be very closely monitored (Fig. 1).

## References

1. Crespo-Lessmann A, Torrego-Fernández A. Tabique traqueal inflamatorio. Arch Bronconeumol. 2013;49:402–4.
2. Yildirim BB, Karalezli A, Hasanoglu HC, Kandemir O. Obstructive fibrinous tracheal pseudomembrane. J Bronchol Interv Pulmonol. 2012;19:129–31.
3. Deslée G, Bricchet A, Lebuffe G, Copin MC, Ramon P, Marquette CH. Obstructive fibrinous tracheal pseudomembrane. A potentially fatal complication of tracheal intubation. Am J Respir Crit Care Med. 2000;162:1169–71.

4. Lins M, Dobbeleir I, Germonpré P, Waelput W, Pauwels P, Jorens PG. Postextubation obstructive pseudomembranes: a case series and review of a rare complication after endotracheal intubation. Lung. 2011;189:81–6.
5. Rice BL, Culver DA, Santacruz JF, Lazar CA, McCarthy K, Gildea TR. Obstructive fibrinous tracheal pseudomembrane. Ann Thorac Surg. 2011;92:115–7.

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## A Comparison of the Impact Factor and the SCImago Journal Rank Index in Respiratory System Journals\*



### Comparación del factor de impacto y el índice SCImago Journal Rank en las revistas del sistema respiratorio

To the Editor:

The systematic use of bibliometric indicators in the evaluation of research has given rise to the publication of in-depth studies on the advantages and disadvantages of each of these indicators. The most widely used indicator, the impact factor (IF),<sup>1</sup> has been frequently criticized for its many limitations, such as inclusion of citations of articles that are not included in the denominator of the calculation formula (editorials, letters, etc.), an analysis period of only 2 years, the inclusion of self-citations and the lack of evaluation of the quality of the origin of the citation or the risk of manipulation, among others.<sup>2–5</sup>

A recently proposed new parameter, the *SCImago Journal Rank* (SJR) index, has been readily accepted and adopted. It uses for its calculations citations from the Scopus database (Elsevier).<sup>2</sup> The SJR corrects many of the factors criticized in the IF,<sup>2</sup> since it includes more journals, covers a longer period for including citations (3 years), and limits self-citations. More importantly, it weighs citations according to the importance of the journal where they were published, using an algorithm similar to that of *Google PageRank*<sup>®</sup>.

To compare the results of both indexes (IF and SJR) in specialized respiratory system journals, the values for 2012 were analyzed. The journals are listed under the category *Respiratory System* of the *Journal Citation Reports*<sup>®</sup> for the IF calculation and under the category *Pulmonary and Respiratory Medicine* of *SCImago* for the calculation of the new index. These indexes were obtained from the official websites of the *Web of Science* (at <http://www.accesowok.fecyt.es/>), which includes the *Journal Citation Reports*<sup>®</sup>, and the *SCImago Journal & Country Rank* (<http://www.scimagojr.com/>). The

**Table 1**

Respiratory System Journals With the Highest Score on the *SCImago Journal Rank* and the Corresponding Impact Factor Value.

Order number	Title	SJR	Impact factor (order number according to the IF)
1	<i>American Journal of Respiratory and Critical Care Medicine</i>	4.892	11.041 (1)
2	<i>Thorax</i>	2.742	8.376 (2)
3	<i>European Respiratory Journal</i>	2.433	6.355 (3)
4	<i>Journal of Heart and Lung Transplantation</i>	2.221	5.112 (5)
5	<i>Chest</i>	2.031	5.854 (4)
6	<i>American Journal of Respiratory Cell and Molecular Biology</i>	1.907	4.148 (7)
7	<i>Journal of Thoracic Oncology</i>	1.766	4.473 (6)
8	<i>Journal of Thoracic and Cardiovascular Surgery</i>	1.730	3.526 (9)
9	<i>American Journal of Physiology – Lung Cellular and Molecular Physiology</i>	1.613	3.523 (10)
10	<i>Proceedings of the American Thoracic Society</i>	1.503	( <sup>a</sup> )
11	<i>Respiratory Research</i>	1.502	3.642 (8)
12	<i>International Journal of Tuberculosis and Lung Disease</i>	1.340	2.610 (23)
13	<i>European Journal of Cardiothoracic Surgery</i>	1.326	2.674 (21)
14	<i>COPD: Journal of Chronic Obstructive Pulmonary Disease</i>	1.151	2.310 (28)
15	<i>European Respiratory Review</i>	1.068	( <sup>a</sup> )
16	<i>Current Opinion in Pulmonary Medicine</i>	1.061	3.119 (13)
17	<i>Respiratory Medicine</i>	1.055	2.585 (24)
18	<i>BMC Pulmonary Medicine</i>	1.048	2.760 (19)
19	<i>Clinical Lung Cancer</i>	1.015	2.038 ( <sup>b</sup> )
20	<i>Sarcoidosis Vasculitis and Diffuse Lung Diseases</i>	1.014	1.625 (37)

SJR, *SCImago Journal Rank*; IF, impact factor.

<sup>a</sup> Journals without impact factor.

<sup>b</sup> Journal with impact factor in another category.

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latter is available on free access. The classification order of the journals for each index was reviewed and the possible correlation between both indicators was evaluated using Spearman's test.

The *Journal Citation Reports*<sup>®</sup> includes 50 specialized respiratory system journals and the *SCImago Journal & Country Rank* includes 98. In general, it was found that the top journals occupy similar positions in both classifications, as seen in Table 1, which lists the top 20 journals according to the SJR with their equivalent position in the IF. There was a very high correlation between the indicators for journals in this category ( $r=0.94$ ;  $P<.001$ ).

Our data reveal that use of the SJR index does not significantly change the classification of respiratory system journals compared to the IF. Moreover, its calculation methods address the main limitations attributed to IF, including nuances, such as citation weighting, that may improve the characterization of the journals. All these aspects, added to the fact that *SCImago Journal & Country Rank* is free access, lead us to believe that SJR may be at present be considered not only as a complement but also as an alternative to the IF.

## References

1. Garfield E. The history and meaning of the journal impact factor. *JAMA*. 2006;295:90–3.
2. Falagas ME, Kouranos VD, Arencibia-Jorge R, Karageoropoulos. Comparison of SCImago journal rank indicator with journal impact factor. *FASEB J*. 2008;22:2623–8.
3. Bornmann L, Marx W, Gasparyan AY, Kitas GD. Diversity, value and limitations of the journal impact factor and alternative metrics. *Rheumatol Int*. 2012;32:1861–7.
4. The San Francisco Declaration on Research Assessment. Available from: <http://am.ascb.org/dora/> [accessed 11.09.13].
5. García-Pachón E, Padilla-Navas I. El factor de impacto y el índice h de las revistas biomédicas españolas. *Med Clin (Barc)*. 2014. <http://dx.doi.org/10.1016/j.medcli.2013.09.014>.

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## Use of an Occlusion Balloon in Transbronchial Lung Cryobiopsy<sup>☆</sup>



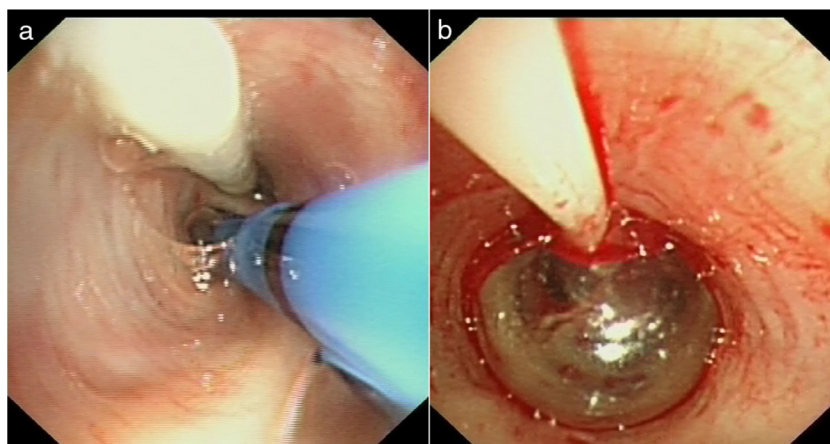
### Utilización de un balón de oclusión en la realización de biopsias pulmonares transbronquiales con criosonda

To the Editor:

With the aim of improving the diagnostic yield of transbronchial lung biopsy, cryotherapy probes have begun to be used for obtaining lung specimens. Studies evaluating the histological material from endobronchial tumors obtained by cryobiopsy have found that the specimens obtained are larger than those obtained with conventional forceps, and that the quality for histology is better.<sup>1,2</sup>

From these data, the possibility of using cryoprobes as an alternative to the conventional method in the study of diffuse parenchymal lung disease has been proposed, and the results suggest that the technique improves diagnostic efficacy.<sup>3</sup> Similarly, descriptive studies aimed at analyzing the viability and the safety of the technique have been performed and have shown no increase in adverse effects, even in lung transplantation patients.<sup>4</sup>

In this respect, the authors have analyzed the data from 77 patients with suspected diffuse interstitial disease randomized to undergo transbronchial lung biopsy with cryoprobe (39 patients) or conventional forceps (38 patients). A greater number of patients in the cryobiopsy group presented moderate bleeding compared to the conventional group (56.4% versus 34.2%,  $P=.068$ ). However,



**Fig. 1.** (a) Endoscopic image of the occlusion balloon placed parallel to the cryoprobe in the entrance to the right lower lobe (RLL) segmental bronchus. (b) Endoscopic image of the inflated occlusion balloon after performing the transbronchial lung biopsy.

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