

# Témoignage sur les pratiques des éditeurs prédateurs

Dr Arnaud de La Blanchardière  
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7<sup>ème</sup> journée nationale d'étude du Réseau des URFIST  
Université Paris-Nanterre, le 7 décembre 2018

# Caractéristiques au moment des faits de l'auteur devenu victime

- Médecin de 55 ans au moment des faits (fin 2015)
  - Praticien Hospitalier
  - Service des Maladies Infectieuses du CHU de Caen
- Auteur honorable, mais non leader d'opinion
  - 58 articles indexés PubMed <=> 400 points Sigaps le 31/12/2015
    - passés à 72 articles (600 points Sigaps) le 31/12/2018
  - Avec pour article anodin prétexte à l'attaque:
    - Hepatic abnormality
    - Deshayes S, Galateau-Sallé F, de La Blanchardière A.
    - Rev Med Interne. 2015 May;36(5):363-4. French (IF 1,169)



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Image

## Des anomalies hépatiques

*Hepatic abnormality*S. Deshayes<sup>a</sup>, F. Galateau-Sallé<sup>b</sup>, A. de La Blanchardière<sup>c,\*</sup><sup>a</sup>Service de médecine interne, CHU Côte-de-Nacre, CS 30001, 14033 Caen cedex 9, France<sup>b</sup>Service d'anatomopathologie, CHU Côte-de-Nacre, CS 30001, 14033 Caen cedex 9, France<sup>c</sup>Service de maladies infectieuses, CHU Côte-de-Nacre, CS 30001, 14033 Caen cedex 9, France

## I N F O A R T I C L E

Historique de l'article :

Disponible sur Internet le 22 juillet 2014

Mots clés :

Hyperéosinophilie

Toxoca rose

Larva migrans viscérale

Keywords:

Eosinophilia

Toxocara rose

Visceral larva migrans

## 1. L'histoire

Une femme, âgée de 50 ans, était hospitalisée en 2014 pour épigastralgies fébriles. Elle avait pour antécédents un trouble bipolaire de type I, un asthme contrôlé et une obésité. Elle n'avait pas voyagé hors de France, était fumeuse et avait un chaton. Les épigastralgies évoluaient depuis 1 mois associées à une fièvre, des sueurs et une anorexie avec perte de 7 kg sans modification thérapeutique récente de son traitement neuroleptique et bronchodilatateur. L'examen clinique ne montrait qu'une hépatomégalie sensible à 14 cm. La biologie révélait une hyperéosinophilie à 34 G/L, une CRP à 50 mg/L mais avec une hypergammaglobulinémie polyclonale à 25,4 g/L, et une cytolysse hépatique à 4 × N prédominant sur les ALAT avec une cholestase anictérique à 2 × N. La fonction rénale était normale. Il existait une hypervitaminémie B12 à 461 pmol/L et surtout une élévation des IgE totales à 2450 UI/mL. L'échographie abdominale retrouvait des nodules hépatiques centimétriques hypoéchogènes disséminés et le scanner thoraco-abdomino-pelvien injecté de multiples images hypodenses centimétriques parfois confluentes (Fig. 1) et 2 infiltrats pulmonaires gauches. Les hémocultures, l'ECBU

revenaient stériles et 3 examens parasitologiques des selles négatifs. Les anticorps anti-cytoplasme des polynucléaires neutrophiles étaient absents. Les marqueurs ACE, CA 15-3, CA 125 et la mammographie étaient normaux. Un dosage de la tryptase et surtout un myélogramme (absence de cellules anormales, cytométrie de flux et caryotype normaux, absence de transcrit FIP1L1-PDGFR α) ont permis d'écarter l'hypothèse d'un syndrome hyperéosinophilique myéloprolifératif.

## 2. Le diagnostic

Un syndrome de larva migrans viscérale avec tropisme hépatique et pulmonaire à *Toxocara canis*.

## 3. Les commentaires

Une intense éosinophilie portale et lobulaire sans cellules anormales était retrouvée à la ponction-biopsie hépatique. La sérologie *T. canis* était positive en Elisa, confirmée par Western Blot. Après un traitement de 10 jours par albendazole, on relèvera dès j5 du traitement une disparition de l'ensemble des signes cliniques et à j30 une disparition des anomalies biologiques hépatiques, une diminution de l'éosinophilie à 8,5 G/L, de la CRP à 9 mg/L, des IgE totales à 600 UI/mL et une disparition des nodules hépatiques à l'échographie.

\* Auteur correspondant.

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Remplir et signer



## Des anomalies hépatiques

1 L'histoire

2 Le diagnostic

3 Les commentaires

Déclaration d'intérêts

Références

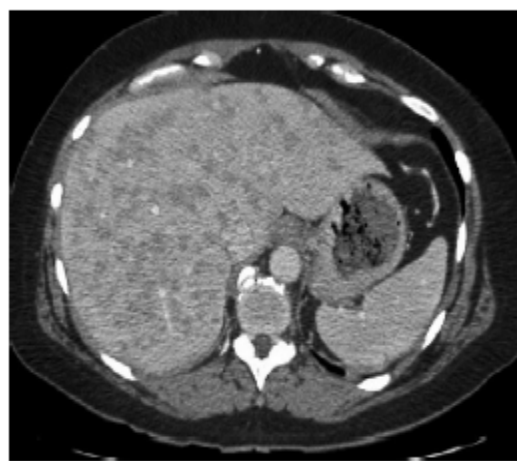


Fig. 1. Scanner thoraco-abdomino-pelvien avec injection de produit de contraste: multiples images hypodenses centimétriques parfois confluentes.

Le syndrome de larva migrans (LM) est le fait d'une migration intra-tissulaire de larves de nématodes principalement *T. canis*. Son incidence augmente dans les pays tempérés à la faveur du réchauffement climatique, du développement des animaux de compagnie et des migrations humaines. Elle est plus fréquente en milieu rural où les chiens sont plus nombreux, et chez l'enfant qui a des contacts plus rapprochés avec leurs déjections [1]. Ce parasite, dont l'hôte définitif est représenté principalement par les chiens (plus rarement les chats), peut se retrouver en impasse parasitaire chez l'homme à l'occasion d'ingestion d'œufs embryonnés qui peuvent survivre des années sur la terre ou le sable ou des aliments contaminés par des déjections canines. Une fois ingérée, la larve pénètre à travers la paroi de l'estomac et gagne la circulation veineuse portale [1,2].

On décrit 4 syndromes de LM: la toxocarose oculaire, la neurotoxocarose, la toxocarose commune et le syndrome de LM viscérale (LMV) [1]. La présentation clinique typique de LMV, rare dans les pays développés, est celle d'un patient présentant des signes généraux (hyperthermie, anorexie, amaigrissement) avec atteinte pluriviscérale, principalement pulmonaire (toux, expectorations, dyspnée, crises asthmatiformes), hépatique (hépatomégalie) mais aussi ophtalmologique (troubles de la vue), neurologique centrale, digestive (diarrhée, nausées, vomissements), arthromyalgique, cutanée (rash maculeux, urticaire, érythème noueux ou polymorphe, œdème de Quincke) voire cardiaque [2,3]. À l'imagerie hépatique, on peut retrouver de multiples petits nodules mal définis hypoéchogènes de 1–1,5 cm, le plus souvent ovales, angulés

ou trapézoïdes à l'échographie hépatique, hypodenses et parfois visibles uniquement au temps portal du scanner abdominal, en hyposignal T1 et hypersignal T2 à l'IRM hépatique, dont le nombre et la position peuvent varier au cours du temps [4,5]. De même, le scanner thoracique peut montrer des infiltrats pulmonaires ou des nodules sous-pleuraux qui accentuent la suspicion de cancer métastatique.

Des arguments indirects, associés à un tableau clinique compatible, permettront de confirmer le diagnostic, en sachant qu'aucun n'emporte le diagnostic à lui seul: hyperéosinophilie, hypergammaglobulinémie polyclonale, élévation des IgE totales, infiltration éosinophilique focale périportale et lobulaire sans désorganisation architecturale sur une biopsie hépatique, positivité de la sérologie de la toxocarose en Elisa confirmée par Western Blot [2,6]. Le plus souvent l'infection reste asymptomatique, ce qui rend compte d'une séroprévalence beaucoup plus élevée que l'incidence clinique rapportée. La séroprévalence diffère selon des facteurs sociodémographiques (milieu urbain ou rural, tropical, présence de chiens, ingestion d'aliments crus, géophagie, milieux défavorisés...). En France, elle s'échelonne de 4,8% (milieu urbain) à 14,2% (milieu rural) voire 93% à la Réunion [2].

Le traitement, mal défini, n'est indiqué que dans les formes symptomatiques modérées à sévères avec albendazole pendant 5–15 jours selon la forme clinique, qui permet une guérison confirmant le diagnostic [2]. Les mesures prophylactiques tiennent une place importante dans la lutte contre cette zoonose, comprenant des mesures individuelles (hygiène des mains, lavage des légumes, protection du potager, vermifuges pour les animaux de compagnie...) et collectives (interdiction des chiens et remplacement du sable des aires de jeux, stérilisations des chiens errants...) [1,2].

## Déclaration d'intérêts

Les auteurs déclarent ne pas avoir de conflits d'intérêts en relation avec cet article.

## Références

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Commentaire

Remplir et signer

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- Nous vous serions très reconnaissant si vous pouviez réaliser dans un délai de 1 mois une revue générale consacrée à la toxocarose pour le prochain numéro de notre revue « Tropical Medicine & Surgery »
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Index Copernicus Value 2015: 61.69

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CHU CAEN

19:32 03/12/2018



# Echanges entre l'auteur sollicité et l'éditeur (1)

- \_ D'accord, mais donnez-nous 2 mois et permettez de réduire l'article à une revue limitée à la neurotoxocarose
- \_ Pas de problème, on attend votre manuscrit donc pour début février 2015
- \_ Article fourni en temps et en heure
- \_ Reviewing de qualité, mais confirmation de l'IF dérisoire
- \_ Modifications en conséquence
- \_ L'article paraît en open access online sur le numéro de mars 2016





## Neurotoxocariasis: A Literature Review

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## Abstract

Introduction: Toxocariasis is a widespread zoonosis, which may result in central nervous system injury.

Objective: To discuss the epidemiology, the clinical manifestations and the drug therapy of neurotoxocariasis described in literature through a systematic review.

Methods: We conducted a systematic literature review of MEDLINE, Scielo, Science Direct and Google Scholar up to April 2015 using a combination of the following search terms: "neurotoxocariasis" or "neurotoxocarosis", "toxocarosis" or "toxocariasis", and "cerebral" or "neurology".

 Results: One hundred cases of neurotoxocariasis were identified in literature. The majority of patients were male (58%), with a median age of 42 years. The predominant clinical pictures were myelitis (50%), encephalitis (47%) and/or meningoencephalitis (29%). The suspected mode of transmission, mentioned in only 49% of cases, was mainly contact with dogs and/or cats (57%) and ingestion of contaminated food (31%). Diagnostic imaging examinations were often abnormal, with hypodense lesions in cerebral scanner sequences and hyperdense lesions in cerebral MRI T2-weighted sequences in 65% and 57% of encephalitis cases, respectively, and in 92% of myelitis cases in medullary MRI T2-weighted sequences. The detection of antibodies against *Toxocara* spp. was almost constant in blood and cerebrospinal fluid (CSF), 99% and 93%, respectively. The two most commonly used drugs were corticosteroids (72%) and/or albendazole (68%) for a period of at least 3 weeks, which often needed to be repeated. Despite a low mortality rate (6%), complete remission was observed in only 40% of cases.

 Conclusion: Neurotoxocariasis, a completely preventable zoonosis, could lead to severe sequelae failing prompt diagnosis. A compatible clinical picture, presence of risk factors, blood eosinophilia and high titres of antibodies against *Toxocara* spp. in CSF should alert physicians to this poorly understood disease.

Keywords: Neurotoxocariasis; Neurotoxocarosis

## Introduction

 The genus *Toxocara* includes *T. canis* and *T. cati*, whose definitive host is the upper digestive tract of dogs, foxes and cats [1]. The prevalence of infection in dogs with adult *Toxocara canis* is about 25% in Western countries, while the rate reaches in France 36 to 67% [2]. This high prevalence together with the high fecundity of *Toxocara*, as well as the increasing number of pets in Western countries, explain the high level of soil contamination with *Toxocara* eggs in parks, playgrounds, and other public places [2]. The adult female sheds up to 200,000 unembryonated eggs a day, which can become infectious in soil under appropriate conditions after an incubation period of 1-2 weeks [3,4].

Human infection is a result of accidental ingestion of embryonated eggs from soil via geophagy (which is a specific type of pica, contaminated lands or oropharynx) or ingestion of infected raw fruits and vegetables [5,6,8,16]. Humans are less frequently infected by ingesting larvae via raw or undercooked meat or giblets from paratenic

hosts, such as chickens, cows, ducks, deer, pigs, sheep, rabbits, or ostriches [2,4,6-8].

 These embryonated eggs then hatch in the small intestine and release immature larvae [3], which penetrate the small intestine mucosa, migrate to the liver via the portal circulation, then lungs and left heart, from where they disseminate via the systemic circulation, especially to muscles, optic nerves and, in rare cases, the central nervous system. They migrate through the bloodstream, are arrested in small caliber vessels and can migrate into surrounding tissues, giving rise to the name visceral larva migrans. *Toxocara canis* cannot develop to adult worms in humans [1,5,8,11,12].

Toxocarosis is a cosmopolitan disease, probably the most common zoonotic helminthiasis in temperate climates, which mainly affects children under 10 years of age because of their play habits and their tendency to put their fingers in their mouths [1,14]. The exact prevalence of toxocarosis is difficult to assess as most infections remain asymptomatic [4]. Seroprevalence is 2-5% in urban areas and 14-17% in rural areas of the United States and Europe, but may range from 1 to 49 to 53% in tropical regions [2,4,6,11,14-16]. Such variations

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# Fin de l'histoire

Sur les conseils de Hervé Maisonneuve

- l'article sera amélioré en revue systématique et renommé
- puis soumis avec succès dans « Infection » ou il paraîtra en octobre 2016 (indexé PubMed, IF 2.773)
- sans aucune réaction de « Tropical Medicine & Surgery »

Mon aventure sera relatée dans le blog de H. Maisonneuve le 22/02/2018

Rédaction Médicale et Scientifique



Neurotoxocariasis: a systematic literature review
Abstract
Purpose
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## REVIEW

## Neurotoxocariasis: a systematic literature review

S. Deshayes<sup>1</sup> · J. Bonhomme<sup>2</sup> · A. Maud de La Blanchardière<sup>3</sup>Received: 7 December 2015 / Accepted: 28 February 2016  
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## Abstract

**Purpose** Toxocariasis is a widespread zoonosis, which may result in central nervous system injury.**Methods** We conducted a systematic literature review in MEDLINE, SciELO, ScienceDirect and Google Scholar up to April 2015 using a combination of the following search terms: "neurotoxocariasis" or "neurotoxocarosis", "toxocariasis" or "toxocarosis" and "cerebral" or "neurologic".**Results** One hundred cases of neurotoxocariasis were identified in literature. The majority of patients were male (58 %), with a median age of 42 years. The predominant clinical pictures were myelitis (60 %), encephalitis (47 %) and/or meningitis (29 %). Fever was inconstant (23 %). The suspected mode of transmission, mentioned in only 49 % of cases, was mainly contact with dogs and/or cats (67 %) and ingestion of contaminated food (31 %). Diagnostic imaging examinations found hypodense lesions in cerebral scanner sequences and hyperintense lesions in cerebral MRI T2-weighted sequences in 65 and 57 % of encephalitis cases respectively, and in 92 % of myelitis cases in medullary MRI T2-weighted sequences. The detection of antibodies against *Toxocara* spp. was almost constant in blood and cerebrospinal fluid (CSF), 99 and 93 %, respectively. The two most commonly used drugs were corticosteroids (72 %) and/or albendazole (68 %) for a period of at least

3 weeks, which often needed to be repeated. Despite a low mortality rate (6 %), complete remission was observed in only 40 % of cases.

**Conclusions** Neurotoxocariasis, a completely preventable zoonosis, could lead to severe sequelae failing prompt diagnosis. A compatible clinical picture, presence of risk factors, blood eosinophilia and high titers of antibodies against *Toxocara* spp. in CSF should alert physicians.**Keywords** Neurotoxocariasis · Neurotoxocarosis · Encephalitis · Myelitis

## Introduction

The genus *Toxocara* includes *Toxocara canis* and *Toxocara cati*, whose definitive host is the upper digestive tract of dogs and foxes for *T. canis* and cats for *T. cati* [1]. The prevalence of infection in dogs with adult *Toxocara* worms ranges from 0.9 % in Korea to 60 % in Iran, depending on the diagnostic method and analysed dog population (stray or domestic dogs, age of dogs, urban or rural areas, high or low-income countries, country's climate) [2–4]. In most of the studies, this prevalence is between 10 and 30 % [3]. For the same reasons, the prevalence of infection in cats varies from 3 % in Mexico to 85 % in Denmark, but between 15 and 60 % in most of the studies [5–7]. This high prevalence together with the high fecundity of *Toxocara*, as well as the increasing number of pet animals in Western countries, explain the high level of soil contamination with *Toxocara* eggs in parks, playgrounds, and other public places [8]. The adult female shed up to 200,000 unembryonated eggs a day, which can become infectious in soil under appropriate conditions after an incubation period of 1–2 weeks [9, 10].

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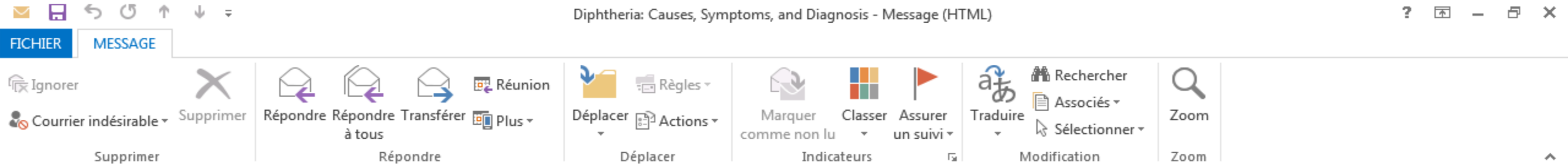
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Dear Dr. A de La Blanchardière,

I hope you are healthy and happy.

We are pleased to announce a special edition on "Diphtheria" in the Journal of Otolaryngology: Research with your recommendation and suggestions. We would like to request you to submit a 2-5 pages short communication/ Research / Review/ Case Report to the upcoming issue.

This is a peer reviewed open access journal, aims to publish high quality basic and clinical research in all the disciplines of Journal of Otolaryngology: Research.

Kindly submit your valuable contribution on or before 18<sup>th</sup> December'2018. If you are interested, kindly respond to this invitation within 48 hours.

Thanks for considering this invitation.

Looking for your response on publication and your recent project you are working on.

Many thanks  
Stephanie Hanner  
Scientific Literature  
USA

Non référencé, IF nul  
Pas de charge annoncées dans le site !

[UNSUBSCRIBE](#)

jeu. 08/11/2018 11:35

SC. Journal <submit@ijbee.org>

Send Papers to AASCIT Journal of Biology and Register as a Member

A POINCON DE LA BLANCHARDIERE ARNAUD

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## AASCIT Journal of Biology

Dear Fournier, A; Martin-Blondel, G; Lec...

### Invitation to Submit Your Research Paper

It is learnt that you have published an article titled *Immune Reconstitution Inflammatory Syndrome Unmasking or Worsening AIDS-Related Progressive Multifocal Leukoencephalopathy: A Literature Review* in *FRONTIERS IN IMMUNOLOGY* and we are attracted by the subject. So we wish to invite you to submit other valuable works of related topics to the journal. The journal provides specialists in various ranges with good access to the latest scientific researches around the world. All the manuscripts which meet the general criteria of significance and academic excellence are welcomed.

### Related Scopes of the Journal

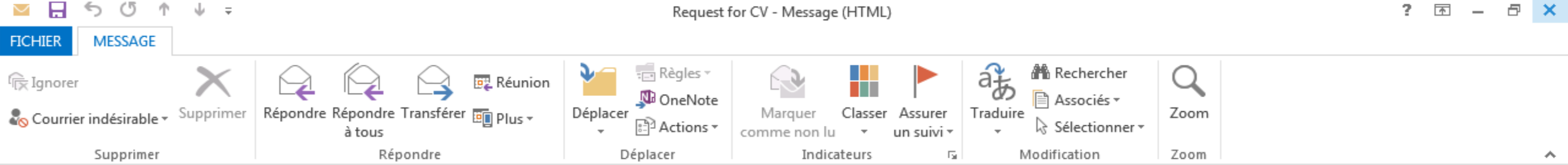
- Botany
- Genetics
- Anatomy
- Sociobiology
- Zoology
- Neurobiology
- Human Biology
- Cell Biology

Ils citent le mieux côté de mes articles

**AASCIT Journal of Biology** (<http://www.ajbiology.org>; ISSN: 2381-1463) is an international journal which is aimed at publishing the latest research results in the form of original research articles and review articles in the area(s) related to biology.

**Register as Members and Enjoy "members-only" Services**





 mar. 13/11/2018 11:42  
**Cohesive Journal of microbiology & infectious disease** <micro@crimsonpublishers.us>  
**Request for CV**

À POINCON DE LA BLANCHARDIERE ARNAUD

**Dear Dr. Arnaud de La Blanchardière,**

Hope you are doing well.

I, managing editor for "Cohesive Journal of microbiology & infectious disease", saw one of your articles in online & privileged to read such a great article and I would like to publish your future articles in my Journal.

It would be grateful if you could send me any of your articles to publish in our upcoming issue.

It would also be grateful if you could send us your CV if you are willing to review or Edit articles for us.

Thank you in advance.

Regards,  
**Sienna Evans**  
Cohesive Journal of Microbiology & Infectious Disease  
*ISSN: 2578-0190*  
*Impact Factor: 0.917 (2017-2018)*  
*Indexed in: ICJME, ISI*

**IF 0,917 mais non indexé PubMed !!!**

**Ils m'auraient lu !??**

**Je peux écrire, reviewer ou intégrer le comité éditorial !**

Crimson Publishers LLC, Third Avenue, 2nd floor, New York - 10016, Tel No: +1 (929) 600-8049, USA  
[Unsubscribe](#)

jeu. 22/11/2018 13:30

editorialoffice@mailers.cmedu.org de la part de Lauren Smith <editorialoffice@cmedu.org>

[SUSPECTED SPAM] Follow-up - Submissions open for IJPCR

À POINCON DE LA BLANCHARDIERE ARNAUD

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Dear Dr. Arnaud de La Blanchardiere,

Greetings and Hope you are doing well!

Hope you might be busy and could not reply to our previous mail, we hereby take the privilege to make a follow-up regarding submission of your manuscript to [International Journal of Pathology and Clinical Research](#). IJPCR has a broad coverage in innovative basic research, translational research and clinical or diagnostic related research in pathology or human disease to accommodate the need of investigators with very diverse interest and background.

The journal indexed in various scientific and permanent databases, dedicated for medical publication follows ICMJE publication guidelines and COPE publication ethics. Journal is fully open access, published articles are freely available on the journal website for readers world-wide. Authors retain copyright of published paper.

All manuscripts submitted will undergo standard peer-review process which takes nearly 2-3 weeks. We follow Crossmark policy, which provide a standard way for readers to locate the authoritative version of a published paper.

**Submissions due date: December 15, 2018.** Manuscript can be submitted through [Online submission system](#) or you can mail the article directly to [contact@clinmedjournals.org](mailto:contact@clinmedjournals.org)

Please provide me your acceptance for the same.

I will be waiting for your positive mail.

Have a nice and healthy day ahead!

With thanks,  
Damaris Watson  
Editorial office  
International Journal of Pathology and Clinical Research | ISSN: 2469-5807  
ClinMed International Library  
3511 Silverside Road, Suite 105, Wilmington, DE 19810, USA  
Tel: +1(215)440-6712

Non référencé PubMed, pas d'IF, auteurs mineurs



lun. 26/11/2018 09:01

Regina Mathew <editor@oatext-alerts.org>

[SUSPECTED SPAM] Accepting submissions- Waiver on publication charges

À POINCON DE LA BLANCHARDIERE ARNAUD

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## Health and Primary Care

Online ISSN: 2515-107X

PubMed

Impact factor: 1.66

Dr. Kohei Akazawa (Editor in Chief)

Dear A de La Blanchardi<sup>?</sup>re,

Greetings!

This mail is with reference to your previous publication “Clinical benefit of infectious diseases consultation: a monocentric prospective cohort study.”

As we realize your pre-occupied schedule, we are approaching you once again for possible research submissions/papers towards the upcoming edition of our Journal: [Health and Primary Care](#) [Nánníffærni og 15.500](#)

**Please let us know your possibility.**

We would be happy if you could suggest your students and colleagues for their ready research submission if any. Mail us to [Healthcare@Oatextjournals.com](mailto:Healthcare@Oatextjournals.com)

We are planning for upcoming edition, we will be glad if you can submit a 2-3 pages article (case report, mini review, letter to editor, opinion article or short communication) on your current ongoing work/published or on interested topic.

**Note:** Articles submitted on or before 30<sup>th</sup> November 2018 are published with waiver on publication charges.

Hope you make some quality time in your busy schedule & reply us.

Sincerely,

Regina Mathew

Managing Editor

**Dr. Kohei Akazawa**


Editor in chief, Japan

Health and Primary Care (ISSN: 2515-107X)

Non référencé, sans IF. Fee: 1660 GBP= 1859 euros !





 mar. 27/11/2018 14:27  
**journals@foodreposit.com**  
**Publish manuscript without publication fee**  
À POINCON DE LA BLANCHARDIERE ARNAUD

Dear Dr. A de La Blanchardière

We are aware of your recent work in the field of "Food and Nutrition" and its related areas.

Je n'ai jamais écrit quoique ce soit  
dans le domaine de la nutrition !!!

We would be glad if you allow us to publish your article in our journal [Journal of Food Nutrition and Metabolism](#) (JFNM).

**Note: No Publication Charges** if you submit your manuscript on or before **4th December**.

You can submit your manuscripts to [manuscript@sciencerepository.org](mailto:manuscript@sciencerepository.org)

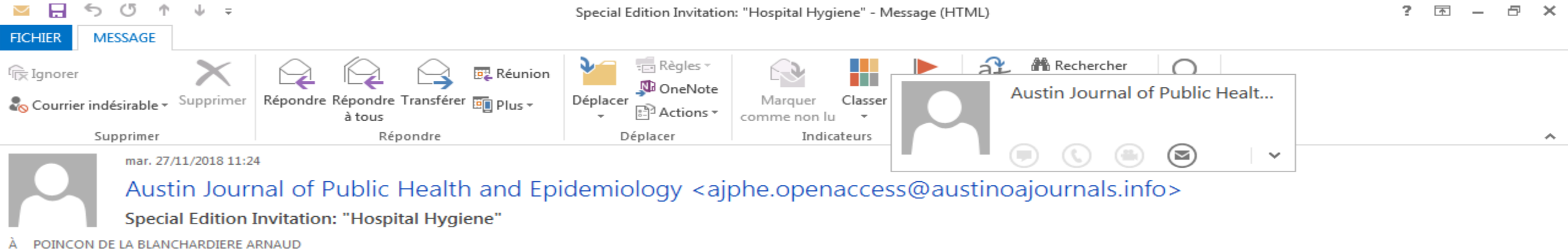
Anticipating your prompt reply.

Thanks & Regards,

Maria Rebane

Editorial Assistant

Journal of Food Nutrition and Metabolism



Dear Dr. A A,

Greetings!

We are pleased to announce a Special Edition on **“Hospital Hygiene”**.

We cordially invite you to write a manuscript to the edition on **“Hospital Hygiene”**.

The aim of this special edition is to provide a platform for the physicians, researchers, and other professionals to understand the recent advancements and challenges in treating **Hospital Hygiene**.

Each Submission will get DOI after publication and indexed in **ResearchGate**.

The Current Impact Factor for the Journal is 3.0.

Kindly accept this invitation. If you’re unable to submit full length manuscript for this special issue, please submit at least 900 words Editorial/Mini Review or 150 Words of Clinical Image.

Waiting for your valuable response!

Best regards,

**Levi Maines**  
Editorial office: Austin Journal of Public Health and Epidemiology  
# 2500 Plaza 5,  
Harborside Financial Center,  
Jersey City, New Jersey, 07311, USA  
Tel: +1-201-655-7075

Impossible de trouver « Hospital hygiene » sur Google,  
alors l’impact factor à 3,0 ???!!!

Kindly Acknowledge your Decision: BJSTR - Message (HTML)

FICHIER MESSAGE

Ignorer Courriel indésirable Supprimer Répondre Répondre à tous Transférer Réunion Plus Déplacer Déplacer Marquer comme non lu Classer Assurer un suivi Traduire Rechercher Associés Sélectionner Zoom Zoom

ven. 30/11/2018 13:06

From the Editorial

Kindly Acknowledge your Decision: BJSTR

À POINCON DE LA BLANCHARDIERE ARNAUD

Répondre à tous (Ctrl+Maj+R)  
Répondre à l'expéditeur et à tous les destinataires de ce message.

omedres.online>

Dear Dr. A de La Blanchardière,

Good Morning,

We are in a need of manuscript for successful release of **Volume 11 Issue 3** of our **Biomedical Journal of Scientific & Technical Research**. Please submit us your transcript for this issue before **08<sup>th</sup> December**.

We are confident that you are always will be there to support open access publishers like us.

If You do not have any articles ready to submit at present, you are even welcome to submit at least a **2-page Mini Review** along with your **friends/colleagues** which is not much time taking for eminent like you etc.

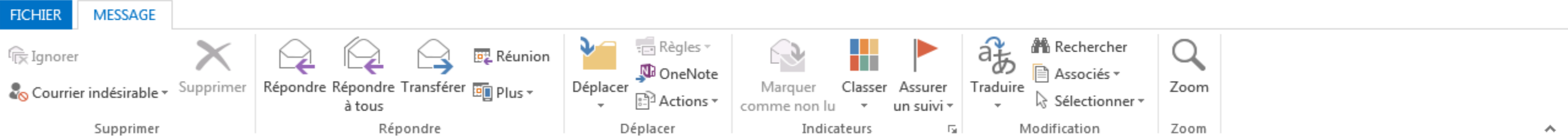
Hope you won't disappoint my expectations.

Await your reply.

Best regards,  
**Angela Roy**

Ils ont besoin de boucler le volume, même si je ne fais pas dans le biomédical !

If you wish not to receive our emails, reply as unsubscribe or click here



sam. 01/12/2018 05:46

microbiology-immunologysummit@gavinconferences.net

final follow-up for abstract submission microbiology immunology summit 2019

À POINCON DE LA BLANCHARDIERE ARNAUD

Dear Dr. A de La Blanchardiere,

A very good day to you

We are pleased to welcome you to the International Summit on Microbiology and Immunology, April 09-10, Dubai, UAE. The theme of the conference is Advancements, Innovations and Novel approaches in the field of Microbiology and Immunology

For more information : <https://microbiologyimmunology.gavinconferences.com/>

Your expertise and experience in this field of work will be an excellent addition to our program on Microbiology and Immunology Summit 2019 as many of our visitors look forward to hearing and learning from your work. Being a world class expert capable of providing deep insights into the latest developments in the field of Microbiology and Immunology, we are honored to invite you as a speaker for Microbiology and Immunology conference 2019.

As a Speaker the privileges would include discounts on the registration fee and many special benefits. We would be pleased to hear your acceptance and availability for the event at the earliest. We anticipate your gracious presence at our event.

Kindly submit your abstract as an attachment to this mail.

Note: Discounted Registration fee for the conference is \$399.

If you have any queries do not hesitate to contact us further. I look forward to hear from you.

With regards,  
Sarah Williams  
Program Manager.

Ils pensent que je suis un microbiologiste !



Explore your article - Message (HTML)

FICHIER MESSAGE

Ignorer Courriel indésirable Supprimer Répondre Répondre à tous Transférer Réunion Plus Déplacer Déplacer Règles OneNote Actions Marquer comme non lu Classer Assurer un suivi Traduire Rechercher Associés Sélectionner Zoom

 Lun. 03/12/2018 13:08  
Scientia Ricerca <cbmi@scientiaricerca.com>  
Explore your article

À POINCON DE LA BLANCHARDIERE ARNAUD

Dear Dr. A de La Blanchardière,

Warm Greetings from Scientia Ricerca!

Hope you are doing well!

We would like to write on behalf of Clinical Biotechnology and Microbiology (ISSN: 2575-4750) journal based on your expertise and professionalism in the field of Biotechnology and Microbiology.

We are honored to appreciate your excellence in the arena of Microbiology and Clinical Biotechnology especially your article entitled "**Campylobacter coli cultured from the stools of a patient with immunoproliferative small intestinal disease**" is very interesting and quality articles like yours will definitely propel current research in the discipline of Biotechnology and Microbiology.

We are delighted to welcome your precious article (Research/ Review/ Mini-Review/ Case Report/ Short Communication etc.) towards the upcoming issue of Clinical Biotechnology and Microbiology (CBMI) Journal.

Please have a glance at the below link to view the latest articles  
<http://scientiaricerca.com/cbmi-articles.php>

## B|E|N|E|F|I|T|S

Scientia Ricerca desires to publish quality research and ensures authors with:

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- Timely Updates about your manuscript status.
- Prompt and fair double blinded peer review from experts
- Online tracking of articles submitted.
- Increased visibility of the research work.

Please submit your manuscript at  
[www.scientiaricerca.com/submit-manuscript.php](http://www.scientiaricerca.com/submit-manuscript.php)

We look forward to receive your valuable article on/before **December 18, 2018** for publication in the upcoming issue.

Ils adorent mes articles !

Resend - Call for speaker for World Chemistry Forum 2019, Barcelona, Spain - Message (HTML)

FICHIER MESSAGE

Ignorer Courriel indésirable Supprimer Répondre Répondre à tous Transférer Réunion Plus Déplacer Actions Déplacer Marquer comme non lu Classer Assurer un suivi Indicateurs Traduire Rechercher Associés Sélectionner Zoom Zoom

mar. 20/11/2018 15:01

Johanna <johanna1@wcf2019.com>

Resend - Call for speaker for World Chemistry Forum 2019, Barcelona, Spain

À POINCON DE LA BLANCHARDIERE ARNAUD

Dear Dr. A de La Blanchardière,

How are you?

This is Johanna, conference secretariat of World Chemistry Forum 2019 (WCF-2019), which will be held during May 22-24, 2019 in Barcelona, Spain. I am pleased to inform you that the keynote presenters list of WCF-2019 has been released. Please check the list below.

After looking through your background and research interests, we cordially hope that you could give a speech at the **Forum 1-4: Spectroscopy** in this event.

You are also welcomed to make a speech proposal if any other topic you want to talk at this event. The main topics of Forum 1: Analytical Science and Technology:

- Frontiers in Analytical Science and Technology
- Mass Spectrometry
- Chromatography
- Spectroscopy
- NMR & MRI
- Crystallography
- Micro-/Nanofluidics and Sensor Technology
- Electroanalytical Chemistry
- Microscopy and Imaging Technology
- Biological and Omics Bioanalysis
- Food, Pharmaceutical and Environmental Analysis

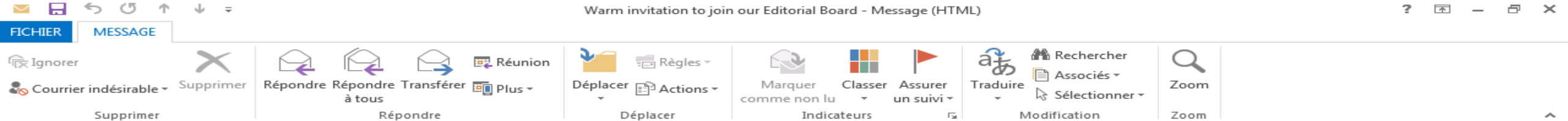
Donner un speech sur un sujet dont on ignore tout !

Thank you for your consideration. If you have any questions, please do not hesitate to contact me,

Your prompt reply will be highly appreciated.

Sincerely yours,

Conference Secretariat  
Ms. Johanna Lee  
International Science and Technology Conference Institute



mer. 05/12/2018 13:42

Chest and Pulmonary Medicine <jcpm@sciencescholastic.com>

Warm invitation to join our Editorial Board

À POINCON DE LA BLANCHARDIERE ARNAUD

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Dear Dr. A de La Blanchardière,

Journal of Chest and Pulmonary Medicine is an open access journal publishes research articles, review articles, case reports, short communications, and editorials in the areas of diseases of the lungs and respiratory system. It is mainly concerned with the anatomy, physiology, and pathology of the lungs.

In view of your important contributions in the field, we would like to propose your name for the membership of the editorial advisory board Journal **Chest and Pulmonary Medicine**. Please visit the journal's website at [Journal of Chest and Pulmonary Medicine](http://Journal of Chest and Pulmonary Medicine). If you find this to be in line with your field of work and are interested in our proposal then please send following:

1. CV
2. Short Biography (150 words)
3. Recent Photograph
4. Research Interest

Please let us know your acknowledgement for the acceptance of your position as Honorable Editorial Board Member.

Besides please intimate us your availability and if your time does not allows you the acceptance of this position then we kindly request you to suggest your colleagues/friends to join the editorial team.

Hope to receive a favorable response and an everlasting scientific association with you!

Thank you for your valuable time! Kindly revert to us for your queries!

Best Regards,

Suzie Carty  
Journal of Chest and Pulmonary Medicine  
Editorial Coordinator  
Boffin access Ltd.

UK

Email secured by Check Point

Intégrer un editorial board !

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