Author's response to reviews

Title: Long term effects of micro-surgical testicular sperm extraction on androgen status in patients with non-obstructive azoospermia

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We agree that factors predicting sperm retrieval (including table 3) are not necessary in this manuscript, and therefore, they are deleted. We also agree that table 4 is not relevant and can be deleted. We consider the conception rate as useful information for people working in centers for infertility and as these data were available in our study, we would like to publish them.

To avoid confusion between micro TESE and microdissection TESE, we further explained these two procedures in the chapter "surgical procedures". The aim of our study is not to make a comparison between these two techniques. This is issued in the discussion.

Secondary infertility is when a man has already impregnated a woman. This is not the same as NOA. The average testicular volume is 31 ml. This is the total testicular volume and is at the lower end of normality (30 ml). The average pre-operative testosterone level is 452 ng/dl. In our study, many men with maturation arrest were included (n=16). Mostly, these men have normal testicular volume and testosterone level.

We added an important remark in the discussion: we agree that other factors can contribute to long-term androgen deficiency and that microsurgical TESE can be just one of them. These other factors must be taken into consideration, and we agree that further studies are needed to find the major contributing factor. This can be done in prospective, randomised trials.