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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Version: 4 Date: 22 July 2005

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*Point-by-point description of the changes made:

1/ in abstract (p.2): the result concerning embryo transfers is removed since this is not relevant for this article.

2/ in surgical procedures: more explanation is given about the techniques of micro TESE en microdissection TESE in order to avoid confusion between them.

3/ p.8: for a summary of patient management see figure 1 is removed since this is not relevant for this article.

4/ p.10: tables 3 and 4 are removed since the information is not relevant considering the aim of this study.

5/ p.10: factors predicting sperm retrieval are omitted and only the sperm retrieval rate is given since this is the most important information for the reader. Sperm retrieval and conception rates are now joined in one chapter.

6/ p.11: "... our patients had bilateral testicular volumes ..." is changed by "our patients had a total testicular volume..." in order to avoid confusion.

7/ p.11: A consideration is added: "So, Microsurgical TESE can be a reason of T deficiency but other factors, which can gradually compromise the Leydig cell function (e.g. cryptorchidism, testicular torsion, chemotherapy) should always be taken in consideration when the testosterone level declines. Further studies are needed to find the major contributing factor of long-term androgen deficiency after microsurgical TESE.

8/ p.12: after "As our study is not a comparative evaluation of techniques", "(micro TESE vs. microdissection TESE) is added, in order to avoid confusion between the different techniques.

*Questions asked by Dr.Akira Tsujimura

1/ We agree that factors predicting sperm retrieval are not necessary in this manuscript. Changes are made to do so (cf. point-by-point description nr. 5). We consider conception rates as relevant since this is the final outcome and is useful information for gynaecologists reading this manuscript.

2/ We made changes in order to avoid confusion between micro Tese and microdissection Tese (cf. point-by-point description nr. 2 and 8)
3/ We could not present the hormonal data of micro Tese and microdissection Tese separately since this would diminish the statistical power of the table. Also, the aim of this article is NOT a comparative evaluation of these techniques.

4/ Secondary infertility is not NOA. Secondary infertility is when the man has already impregnated a woman.

5/ Discussion among the testosterone level (452 ng/dl) and the testicular volume (31 ml). A change is made among the testicular volume: it is the total testicular volume (cf. point-by-point description nr.6). Many people that are included in this study are suffering from maturation arrest. Mostly, the testosterone level and testicular volume are normal in this disease.

*Questions asked by Dr. Nares Sukcharoen*

1/ We agree that other factors can compromise Leydig cell function and can be a reason of androgen deficiency after surgery. For this reason we added an important consideration (cf. point-by-point description nr.7).

2-3/ We agree that tables 3 and 4 are not relevant. They are deleted