Reviewer's report

Title: Severe male infertility after failed ICSI treatment- a phenomenological study of men's experiences

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Reviewer: Satoru Kanto

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Overall impressions
The authors report in this manuscript the psychological process after failed ICSI treatment in obstructive azoospermic couples. The process is summarized into four steps, (1) inadequacy followed by feeling of redress (2) marginalization (3) chivalry (4) extension of life and starting a family as driving forces. The objects are only eight men and too few to conclude. The psychological process may be more complicated depending on individual couples and cultural background. The study reminds us of that presented by Dr. Kubler Ross. Her establishment was great, however cancer treatments have evolutionally progressed as well as male factor infertility treatments.

Major Compulsory Revisions
1: Please explain why the object of this study is limited to obstructive azoospermia among severe male infertility. The presented title includes all the severe male infertility including non-obstructive azoospermia, cryptozoospermia and so on.
2: Please disclose the total number of the patients who were diagnosed with azoospermia, the total number of obstructive azoospermia among all the azoospermia, the total number treated with ICSI among all the obstructive azoospermia as well as the precise study period.

- Minor Essential Revisions
1: In abstract section, epidymal should be epididymal.
2: In obstructive azoospermia, reconstruction of seminal pathways is one of the promising treatments and ICSI is not the sole treatment. Please refer to papers published by Goldsrein and so on. Incorporate this fact in the manuscript.
3: Testicular azoospermia is not used universally. Non-obstructive azoospermia is recommended.
4: The authors describe in the manuscript that testicular azoospermia (non-obstructive azoospermia) as pessimistic status. However, accumulated data have demonstrated that Microdissection TESE has brought about evolitional outcomes including conceptions and live births. Please refer to papers reported by Schlegel and so on. Incorporate this facts in the paper.
5: In result section, biopsy of epididymis should be aspiration of epididymis.
6: Why the cause of azoospermia was not investigated? Was consultation to urologists done before progressing to treatment? Approaches to both partners may be necessary even in ART. Please incorporate this discussion in the manuscript.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.