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Editorial comment

The bladder was not inflated in situ with a fixative before cutting to two halves in this experiment. Therefore, the bladder was not examined in the dilated condition. This reviewer thinks that the bladder wall is observed differently between in the dilated condition and in the contracted condition by both of light microscopy and transmission electron microscopy. For example, tumor grade and tumor stage may be clearly observed light microscopically and microvilli may be more clearly distinguishable by TEM in the dilated condition. Koss [1] reported that study that deep crevices or canals extending from the surface of the cell into the depth of the cytoplasm were frequently observed in contracted bladders. On the other hand, such intracytoplasmic canals were few and shallow in dilated bladders.

In addition, the authors noted that hyperplasia was divided into three types: mild, moderate and severe hyperplasia according to epithelial cell layer thickness. However, nodulopapillary hyperplasia defined as exophytic (intraluminal) and/or endophytic (downward) growth with minimal atypia should be also classified as neoplastic lesions in such investigation [2].

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