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Body: Introduction Bronchoscopy (BC) is essential in staging esophageal cancer (EC). Aims Evaluate the usefulness of BC in the preoperative staging of EC and its impact on therapeutic approach. Report our experience with bronchoscopic treatment in patients with EC. Compare the current results with those of our previous review (1990-1998). Methods Retrospective analyses of 449 bronchoscopies in 217 consecutive with EC patients between 2010-2012. Bronchoscopic findings were graded according to Choi-Baisi classification. Results 72 patients had bronchoscopic abnormalities (Ia 13,4%; Ib 7,4%; II 12,4%). Main locations were trachea (72,2%) and left main bronchus (34,7%). Stage was changed in 23%, therapeutic approach in 18,4% and exclusion from surgery in 14,3% patients due to bronchoscopic results. No airway infiltration was found on resected specimens in all the 43 patients submitted to esophagectomy. Bronchoscopic and CT scan results were discordant in 30% patients. Bronchoscopic treatment (stent, electrocautery, silver nitrate) was performed in 24 patients (15 with obstruction due to extrinsic compression and tumor infiltration and 9 with esophagotracheal fistula). Respiratory symptoms improved in all. Comparing the results with our previous series, main differences were: more patients now undergo BC (72,3 vs 33,9 per year), with less endobronchial alterations (33,2% vs 57,7%), but more patients underwent bronchoscopic treatment (8 vs 5,7 per year). Conclusion All patients with newly diagnosed EC should undergo a BC for staging and therapeutic planning. Nowadays earlier referral allows for longer survival that leads to late complications for which BC still permits adequate palliation.