Abstract: The two histological types of esophageal cancer, adenocarcinoma and squamous cell carcinoma, are increasingly recognized as entirely different entities. They differ with respect to epidemiology, patient type, preferred localization as well as pathogenesis. The rapidly rising incidence of esophageal adenocarcinomas in the Western world is in sharp contrast to the decreasing frequency of squamous cell cancers. Surgical resection is the treatment of choice for all resectable tumor stages, prior to systemic generalization of the disease. Preoperative staging is most essential for planning of a tailored surgical strategy for each individual patient. Staging includes endoscopy with biopsy, endoscopic ultrasound, pharyngoesophagography, and CT scan. Additional information on systemic tumor spread is obtained by positron emission tomography (FDG-PET). FDG-PET is also increasingly used for early response evaluation during neoadjuvant treatment. Transthoracic en bloc esophagectomy offers the best surgical radicality. Limited resection of the esophagogastric junction and reconstruction with a pedicled jejunal loop is an alternative treatment for early adenocarcinomas of the distal esophagus. Prognosis as well as quality of life after these surgical procedures have substantially improved during the past decade. Good chances for cure can nowadays be offered to a large number of patients.