

# Endoscopic examinations in oncology

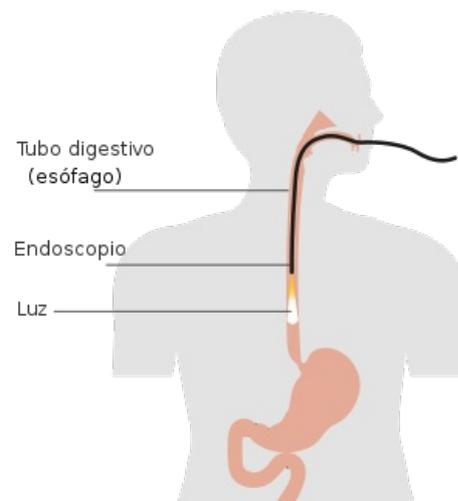
Endoscopic examinations are of particular importance for the diagnosis of tumours growing in hollow organs and body cavities. In addition to the diagnostic effect, endoscopic examinations can also have a therapeutic or palliative effect. We mainly use flexible endoscopes, less frequently rigid endoscopes (rectum, abdominal cavity).

## Individual examinations

### GIT endoscopy

The gastrointestinal tract can be viewed in its entirety.

- Esophagoscopy, gastroscopy, colonoscopy
- rectal endosonography
- ERCP
- laparoscopy (the surface of the liver, gallbladder, peritoneum, ovaries, uterus...)



Endoscopy GIT

### Bronchopulmonary area

Bronchoscopy and/or BAL (bronchoalveolar lavage) is mainly used to diagnose opportunistic infections, but can also identify tumour cells.

- Mediastinoscopy (view the upper mediastinum up to the tracheal bifurcation; indicated to assess operability of lung cancer and to biopsy paratracheal nodes)
- thoracoscopy (examination of the pleural cavity)

### Urinary tract

- Cystoscopy, or fluorescence cystoscopy (photosensitisation with protoporphyrin - cells then glow, tumour cells glow up to 17 times more than healthy cells; also distinguishes mucosal dysplasias)

### Gynaecological area

- colposcopy (reveals changes in the cervix; vinegar test, cytology)
- hysteroscopy

## Links

### Related articles

- Endoscopy
- Endoscope
- Gastroscopy
- Colonoscopy
- Bronchoscopy