Material and Methods. Sixteen adult male wistar rats were divided into four groups of four animals each. Treated groups were orally administered with 300, 400 and 500 mg/kg body weight of aqueous Cola nitida extract. Control group was given distilled water. All the animals were fed with rat chow and water liberally for 28 days. The rats were weighed on the first and final days of drug administration with an electronic weighing balance. The rats were sacrificed by chloroform inhalation. The brains were dissected out, weighed immediately and transferred into a bouins fluid for histological study.

Results and Discussion. The result showed significant ($p<0.05$) weight gain in all the groups. Histology of the lateral geniculate body of rats treated with Cola nitida extract revealed liquifactive necrosis, cellular degeneration, hypertrophy and vacuolations.

Conclusions. We conclude that prolong consumption of Cola nitida is toxic to the cells of the lateral geniculate body as compared with the control.

POSTERIOR FEMORAL CUTANEOUS NERVE IN THE LEG: SURPRISING FACTS WITH GREAT CONSEQUENCES!

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Key words: *leg, nerve, regional anesthesia, ultrasound-guided blockade*

Background. Problems and failures in regional anesthesia procedures distal to the popliteal region might occur although blocks of the sciatic and femoral or saphenous nerve were performed successfully.

Aim. One of the reasons for failures could be the posterior femoral cutaneous nerve (pfcen) with a much more distal innervation area as described.

Material and Methods. In total 123 lower extremities embalmed with Thiel's method were investigated by dissection. The course of the pfcn was documented from the subgluteal fold to the most distal macroscopical dissectable branch. In a large subgroup (83 of 123 extremities) the topography in regards to other structures, such as the small saphenous vein, was also inspected and documented.

Results and Discussion. The pfcn ended in the popliteal fossa or the proximal leg in 78 of the 123 (63.4%) dissected legs. The remaining 45 nerves (36.6%) extended further distally and were divided into several subgroups depending on their distance from the tip of medial malleolus. In two cases to the innervation of periosteum were found (one on the fibula, one on the calcaneus).

Conclusions. The guidelines for regional anesthesia procedures distal to the popliteal fossa should be revised. The pfcn is a relevant nerve that plays a much greater role in the skin innervation of the leg than previously thought. Ultrasound-guided blockade of the pfcn should be routinely implemented.

ULTRASOUND-GUIDED ANKLE DECOMPRESSION SURGERY (UGADS) — A MINIMALLY INVASIVE APPROACH FOR THE PROXIMAL TARSAL TUNNEL SYNDROME: A CADAVERIC STUDY

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Key words: *ultrasound-guided surgery, tarsal tunnel syndrome, anatomy*

Aim. The aim of this study, is to provide a safe ultrasound-guided minimally invasive surgical approach, for the proximal tarsal tunnel (PTT) release concerning nerve entrapments.

Material and Methods. The study was carried out on 10 fresh-frozen feet. All of them were examined by US at the medial ankle region. The surgical entry point was marked throughout the course of the lancinate ligament (flexor retinaculum). Once the previous steps had been carried out, the flexor retinaculum release technique was carried out with a 2 mm entry.

Results and Discussion. As a result, an effective and safe release was obtained in all fresh-frozen feet. The ultrasound (US) has proven to be a useful tool in diagnosis and invasive and surgical treatment. The etiology of PTT syndrome (PTTS) is still unclear, but the studies show how scars and fibrosis are one of the causes. However, the open surgery that we perform in this pathology has as main complication these risk factors. Therefore, we propose this decompression surgery of the tarsal canal, which minimizes the adverse effects and complications of this surgery.