The Zmi fibers were traced to observe their arrangement and attachments.

Results and Discussion. The Zmi was formed by the muscle fibers that arose from the zygomatic bone and the muscle fibers that extended from the orbicularis oculi muscle (OOc) in 96.9%. When the Zmi inserted into the upper lip, ithad more muscle fibers from the OOc than the zygomatic bone in 31.3%, and from the zygomatic bone than the OOc in 50.0%. Amounts of the Zmi fibers from the zygomatic bone and the OOc were similar in 15.6%. In 93.8%, the muscle fibers that extended from the OOc constituted the lateral margin of the Zmi, usually descending to the level between the nasal ala and the vermilion border of the upper lip and inserting into the upper lip. Some of the Zmi fibers that arose from the zygomatic bone blended with the inferior fibers of the OOc in 40.6%, and they constituted the inferior and medial margins of the OOc.

Conclusions. The data regarding the arrangement and attachments of the Zmi fibers connecting the orbital and mouth regions will be useful for electromyographic analyses, botulium toxin type A therapies, and various facial surgeries.

ANATOMICAL FEATURES OF THE INCISIVUS LABII SUPERIORIS MUSCLE AND ITS RELATIONSHIPS WITH THE UPPER MUCOLABIAL FOLD, LABIAL GLANDS AND MODIOLAR AREA

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Key words: *face, maxillofacial area, facial muscles, spatial relationships, incisivus labii superioris muscle*

Aim. The current study examined the incisivus labii superioris muscle (ILS) and its morphologic and spatial relationships with the surrounding structures, especially focusing on the upper mucolabial fold, labial glands, and modiolar area.

Material and Methods. ILSs were investigated in 52 specimens from embalmed Korean adult cadavers.

Results and Discussion. ILSs were observed in all specimens (100%). The ILS had an oblique and linear origin. The ILS originated from the incisive fossa of the maxilla to the point just medial to the origin of the levator anguli oris muscle (LAO). The medial arising fibers of the ILS curved upward and laterally. The ILS was located between the orbicularis oris muscle (OOr) and the LAO with fan shape. As the ILS coursed arching laterally, it became the superolateral margin of the OOr, enlarging the dimension of the superior peripheral part of the OOr. The arising fibers of the ILS arched and covered the prominent labial glands at the superior margin of the OOr. After the ILS coursed laterally along the anterior part of the upper mucolabial fold, the ILS was divided into the superficial or deep inserting fibers in most specimens. The superficial inserting fibers of the ILS blended with the medial fibers of the LAO to converge toward the modiolus. The deep inserting fibers of the ILS blended with several muscles in the modiolar area.

Conclusions. These specific results will be helpful for analyzing the movements of the mouth and performing various facial surgeries.

CLINICAL-ANATOMIC MAPPING OF THE TARSAL TUNNEL WITH REGARD TO BAXTER'S NEUROPATHY IN RECALCITRANT HEEL PAIN SYNDROME — PART I

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Key words: *baxter nerve, ultrasound, heel pain syndrome, tarsal tunnel*

Aim. To describe the topographic anatomy of the tibial nerve (TN) and its branches in relation to their osteofibrose chambers in the proximal and distal postero-medial tarsal tunnels, with ultrasonographic injection procedures proof of the Baxter nerve (BN).

Material and Methods. 41 alcohol-glycerin embalmed feet were dissected. We documented the pattern of the branches of the TN and describe all relevant osteofibrose structures. Measurements for the TN branches were related to the Dellon-McKinnon Malleolar-Calcaneal Axis (DML) for the proximal TT and the Heimkes Triangle for the distal TT. Additionally we performed an ultrasound guided injection procedure of the BN and provide an algorithm for clinical usage.

Results and Discussion. The division of the TN was 16.4 mm proximal to the DML. The BN branches