ANATOMICAL STUDY IN HUMAN FETUSES: SCIATIC NERVE DIVISION RELATED TO WINNIE’S ANAESTHETIC APPROACH AT GLUTEAL LEVEL


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Introduction: The sciatic nerve originates by the junction of the sacral plexus roots, leaves the pelvis through the lower side of the greater ischiatic foramen, continues downwards along the medial line of the posterior region of the thigh and divides into tibial and peroneal nerves usually at the upper angle of the popliteal fossa. But that division may happen in upper levels and cause an incomplete anesthetic block in gluteal region. Objetivo: Our objective was to determine the origin of the tibial and peroneal nerves, its variations and the relation with the effectiveness in the anesthetic block by Winnie’s approach. Material and Method: We dissected 50 human fetuses (88 lower limbs), between 10 to 26 weeks of gestation, of both genders and fixed by immersion in formaldehyde solution. Results: The sciatic nerve divides into tibial and peroneal nerves in the following way: a) inside the popliteal fossa, 73.9% of the cases, b) in the posterior region of the thigh, 11.4% of the cases, c) in the gluteal region, 4.5% of the cases, and d) those cases in which there is not a sciatic nerve, in the 10.2%. Conclusion: The anesthetic block may reduce its effectiveness in gluteal approach, as it happens in Winnie’s approach, if only one of the sciatic nerve branches is involved.

Key words: Anesthetic procedures, lower limb, sciatic sheath

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