

The initial impetus to this topic came from Clinical physician - pathologist. A large part of the caudal resection operations for colorectal cancer and the pathology is in the staging routinely investigated. These are mainly finding and histological processing and detection of lymph nodes metastatic potential of cancer. In the literature, however, we not find any mention of the anatomy of lymphatic drainage and possible localization of lymph nodes in a large caudal. Upon further examination We found that as information about the vascular supply to a large caudal is patchy, or a study conducted on a small number preparations. Great caudal is mainly used in abdominal surgery, is not usable in reconstructive surgery.