

Lower limb distal revascularisation in ethnic minorities in U.K.

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Purpose: Recent evidence from U.S.A. suggests that success after lower limb revascularisation in non-Caucasian patients may not be comparable with that in Caucasians. There are few similar British data. Methods: A retrospective analysis of all patients undergoing lower limb distal bypass between 2004 and 2009. The main outcome measures were primary, primary assisted, secondary patency rates and amputation-free survival at 12 months. Chi2 testing was used to compare demographic data, and Kaplan-Meier analysis to assess and compare patency rates.  $P < 0.05$  was considered significant. Results: Distal bypass grafts in 86 Caucasian (CA) and 39 Afro-Caribbean (AFC) patients were performed. The median age  $\pm$  S.E.M of AFC ( $73 \pm 1.84$  years) was significantly lower than CA ( $78 \pm 1.11$  years) ( $p = 0.01$ ). The incidence of Diabetes Mellitus was significantly higher in AFC ( $p = 0.01$ ) whilst the incidence of renal failure and heart disease were similar. 30 day mortality rates were 2.56% for AFC and 2.33% for CA. The actuarial primary, primary assisted and secondary patency rates at 12 months for AFC and CA were ( $49.7 \pm 18.1$  vs  $46.4 \pm 13.8$ ;  $83.8 \pm 6.7$  vs  $80 \pm 5.4$ ;  $91.5 \pm 3.6$  vs.  $84.3 \pm 4.9$ , respectively). The 1 year amputation free survival rate for AFC was  $83.4 \pm 13.3\%$  and for CA  $73.4 \pm 11.6\%$ . There is no statistically significant separation between the groups. Conclusions: Graft patency in non-Caucasian patients is comparable to that in Caucasians even with increase morbidity including diabetes. There is a lower 1 year amputation free survival amongst the Caucasians. This is mainly due to higher mortality rate within 1 year.