months into the illness, the patient had significant weight loss, fatigue, progressive renal failure, and continued hematuria. Empagliflozin was self-discontinued by the patient secondary to a perceived relation between symptom onset and medication use. Urine cultures were negative. A CT scan showed mucosal thickening of the bladder wall with hydronephrosis. Cystoscopy was consistent with hemorrhagic cystitis. A bladder biopsy was negative for malignancy, stain and PCR negative for fungi, but culture positive for *C. glabrata* susceptible to Fluconazole. Mycobacterial stains, cultures, and PCR were negative. The patient was treated with Fluconazole for 4 weeks and experienced symptomatic improvement and resolution of hematuria one week into the therapy.

**Conclusion.** This is the first reported case of *C. glabrata* hemorrhagic cystitis in an immunocompetent host associated with empagliflozin. Invasive candida infections in the genitourinary system are rare in immunocompetent patients. We believe that empagliflozin-induced glycosuria may have been a predisposing factor.

**Figure 1.** Bladder mucosa with extensive hemorrhage and clots.

**Figure 2.** CT Abdomen with left hydronephrosis and bladder mucosal thickening.

**Disclosures.** All authors: No reported disclosures.

**Methods.** From April 2017 to May 2018, all consecutive patients (218 year-old) who were performed BDG testing (Beijing Gold Mountainriver Tech) were enrolled. Patients were classified into three groups: Group A for patients with host factors defined by 2008 European Organization for Research and Treatment of Cancer Mucositis Study Group diagnostic (EORTC-MSG) criteria, Group B for patients with malignancy receiving recent chemotherapy within 1 month without host factors, and Group C for others. Cases of proven and probable IFI defined by EORTC-MSG criteria, *Pneumocystis pneumonia* and all fungemia were considered as true IFIs. Sensitivity, specificity, positive and negative predictive value (PPV and NPV) were calculated with a cut-off value for positivity 280 pg/mL.

**Results.** Among 473 eligible patients, 190, 142, and 141 patients were classified into group A, B, and C, respectively. Rates of true IFI were significantly different in each group (57/190, 19/142, and 10/141 in each group, *P* < 0.001). Sensitivities were 0.83 (0.68, 0.97) and specificities were 0.62 (0.59, 0.63) in group A, B, and C, respectively. PPVs were considerably different among three groups (PPV for 0.48, 0.20, and 0.12; NPV for 0.89, 0.92 and 0.97 in each group, respectively).

**Conclusion.** The BDG test is a useful assay for IFI diagnosis. However, the clinical interpretation should be different by patient risks. Whereas BDG testing could be considered as a tool for predicting IFI in high-risk patients, it only could be a tool for excluding IFI in patient without risk factors.

**Disclosures.** All authors: No reported disclosures.

1702. Prevalence and Risk Factors for Endogenous Fungal Endophthalmitis in Adult Patients with Candidemia at a Tertiary Care Hospital in South Korea Over 13 years

**Background.** Endogenous fungal endophthalmitis is one of the critical complications of candidemia in adult patients. We conducted a study to investigate the prevalence and risk factors for endogenous fungal endophthalmitis in adult patients with candidemia.

**Methods.** Adult patients ≥19 years with candidemia who underwent ophthalmological examination after the diagnosis of candidemia at a tertiary care hospital in South Korea from 2006 to 2018 were enrolled, and clinical data were collected.

**Results.** There was a total of 152 adult patients with candidemia who underwent an ophthalmological examination. Endogenous fungal endophthalmitis was found in 29 patients (19.1%). Patients were categorized into two groups (Non-endophthalmitis [NE] and endophthalmitis [E]). Between two groups, there was no significant difference in terms of age, sex, underlying comorbidities. Also, no difference in clinical conditions at the diagnosis of candidemia was noted including concomitant bacteremia, presence of septic shock, receipt of recent surgery, presence of neutropenia, total parenteral nutrition, central venous catheter, urinary catheter, ventilator, dialysis, use of antibiotics, and *Candida* spp. colonization. However, there was a higher rate of abnormal alanine aminotransferase (ALT) in the E (35.7%) than in the NE (14.8%), *P* = 0.008. Moreover, the proportion of *C. albicans* candidemia was higher in the E (65.5%) than in the NE (35.8%), *P* = 0.003. In contrast, *C. parapsilosis* candidemia was more common in the NE (20.6%) than in the E (6.9%), *P* = 0.018. Although there was a trend of higher mortality rate in the E (51.7%) than in the NE (35.0%), no statistical significance was observed, *P* = 0.095. Multivariate logistic analysis showed *C. albicans* candidemia (odds ratio [OR] 4.122, 95% confidence interval [CI] 1.653–10.280, *P* = 0.002) and abnormal ALT (OR 3.839, 95% CI 1.427–10.333, *P* = 0.008) were significantly associated with E cases.

**Conclusion.** Endogenous fungal endophthalmitis occurred in 19% of adult patients with candidemia. *C. albicans* candidemia and abnormal ALT were significantly associated with endophthalmitis. Adult patients with candidemia caused by *C. albicans* or having abnormal ALT need to be closely monitored for the possibility of endophthalmitis.

**Disclosures.** All authors: No reported disclosures.

1703. Bacterial or Fungal Co-Infection in Patients with Mucormycosis

**Background.** There is a growing concern on infections with multiple organisms including fungi in patients with mucormycosis. However, limited data are available on co-infection in patients with mucormycosis.

**Methods.** Patients with proven mucormycosis were retrospectively enrolled at a tertiary hospital from July 2009 to January 2019. Proven mucormycosis was defined as positive fungal culture result for mucormycosis from a sterile biopsy specimen and/or histologic evidence of tissue invasion of hyphae with positive mucormycosis immunohistochemistry test result. We reviewed other pathogens isolated from sterile or non-sterile sites before and after 7 days from the biopsy for infected tissue that suggested a potential fungal infection.