weeks. His endocarditis did not relapse after 6 months’ treatment. (Case 2) A 71-year-old man who had a past medical history of enterococcal endocarditis was successfully treated with intravenous ampicillin and subsequent atrial valve replacement. He was admitted to our hospital because of fever and back pain. Prosthetic valve endocarditis was diagnosed because blood cultures revealed *C. tritium*, and evidence of metastatic lesions. While intravenous vancomycin and oral rifampin (600 mg/day) were initiated, several complications, such as pseudoaneurysm of ascending aorta, splenic artery aneurysm followed by a rupture, and cerebral hemorrhage occurred. The patient’s refusal of a re-operation rendered prolonged medical treatment necessary for 16 weeks. He died 20 weeks after the diagnosis of Corynebacterium endocarditis.

### Conclusion.

The same antibiotic treatment regimen resulted in opposing outcomes in our two patients. To the best of our knowledge, only 22 cases were previously described in English literature. However, there was no well-established medical treatment against this pathogen. Our experience might be beneficial for similar patients worldwide.

### Disclosures.

No reported disclosures.

180. Klebsiella pneumoniae and *K. oxytoca* Bacteremia: Differences in Host, Source, and Antibiotic Susceptibility

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### Background.

*Klebsiella* species (KS) bloodstream infection (BSI) is often caused by *K. pneumoniae* (KP), *K. oxytoca* (KO) is emerging and implicated in antibiotic-associated right-sided colitis. We compared the clinical and microbiological characteristics of KP and KO.

### Methods.

We reviewed blood culture (BC) results (January 1, 2010–December 31, 2017), selected patients with KS in ≥1 BC, reviewed their medical records, abstracted patient demographics, source of bacteremia, antibiotics susceptibility, and outcome. Each patient was counted once. We compared KP and KO cases. All differences were assessed by the chi-square test and regression analysis, using SPSS.

### Results.

We encountered KS in 975/14,256 (6.8%) positive BC, representing 611 BSI including 537 KP BSI (484 patients) and 55 KO BSI cases (54 patients); each patient was counted once. Mean age and prevalence of diabetes and most comorbidities were similar but KO was less frequent in African Americans (40.7% vs. KP [61.3%]; P = 0.005) and in patients with neurological debility (Stroke, paraplegia, multiple sclerosis; 11.1% vs. KP [24.8%]; P = 0.03). KO BSI was more frequent in IV BC and was absent in pneumonia-associated BSIs (table). Antibiotic resistance was rare among KO isolates except for cefazolin-intermediate susceptibility (42.6% vs. 1.7%; P < 0.001). CREs were limited to KP. Logistic regression analysis confirmed KO link to IVC (OR = 3.57; 95% CI, 1.1–4.4). KO BSI was more frequent in IVC BSI and was absent in pneumonia-associated BSIs (table). Antibiotic resistance was rare among KP isolates. KP BSI was significantly decreased in 2014–2019 than that in 2009–2013 (P = 0.03). Antibiotic resistance was rare among KO isolates except for cefazolin-intermediate susceptibility (42.6% vs. 1.7%; P < 0.001). CREs were limited to KP. Logistic regression analysis confirmed KO link to IVC (OR = 3.57; 2019; 95% CI, 1.1–4.4). KO BSI was more frequent in IVC BSI and was absent in pneumonia-associated BSIs (table). Antibiotic resistance was rare among KP isolates. KP BSI was significantly decreased in 2014–2019 than that in 2009–2013 (P = 0.03). Antibiotic resistance was rare among KO isolates except for cefazolin-intermediate susceptibility (42.6% vs. 1.7%; P < 0.001). CREs were limited to KP. Logistic regression analysis confirmed KO link to IVC (OR = 3.57; 95% CI, 1.1–4.4).

### Results.

A total of 59 patients were included. The median age was 66 years old and 22 patients (37.3%) were female. Diagnosis: uncomplicated SAB 28 (47.5%) and complicated SAB 31 (52.5%); MRSA 32 (%) and MSSA 27 (%). Infectious Diseases Consultation 56 (94.9%). 4 patients died before treatment duration was determined. Breakdown of treatment durations and clinical failures are listed in Tables 1 and 2. Appropriate duration occurred in 9 (32.1%) of patients with SAB. Overall, 14 patients experiences antibiotic adverse effects, 11 which occurred in antibiotic use for 24 weeks, 4 occurred in patients with uncomplicated SAB treated for 24 weeks. Breakdown of adverse effects: acute kidney injury 9, myositis 1, rash 1, nausea/vomiting 1, anaphylaxis 1, hypersensitivity pneumonitis 1.

### Conclusion.

Excess treatment duration for uncomplicated SAB was common (16%), in this study, consistent with best practice recommendations. 79% of adverse effects occurred in patients who received ≥4 weeks course. The results of this study suggest more efforts are needed to implement contemporary evidence-based treatment duration algorithms for uncomplicated SAB to minimize unnecessary antibiotic harm.

### Table 1: Treatment Duration and Clinical Outcomes

| Diagnosis | Shorter Duration (n=45) | Appropriate Duration (n=55) | Excess Duration (n=56) |
|-----------|------------------------|-----------------------------|-----------------------|
| Uncomplicated SAB (≥28) | 1 (2.2%) | 9 (44.5%) | 30 (53.8%) |
| Complicated SAB (≥29) | 3 (10.3%) | 26 (89.7%) | -- |

### Clinical Outcomes

| Indicator | OR | 95% CI |
|-----------|----|--------|
| Clinical success | 4 (100%) | 28 (90%) | 10 (31.3%) |
| Appropriate bacteremia | 7 (100%) | 7 (100%) | -- |
| Relapse | -- | 4 (11.8%) | 16 (9.3%) |
| Death | -- | 2 (12.5%) | -- |
| Therapy change due to inappropriate response | -- | 3 (8.6%) | -- |

### Disclosures.

No reported disclosures.

183. Candidaemia in Children and Importance of Central Venous Catheter Removal

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