(ii) CSF finding: >250 leucocytes/mm³, (iii) at least one of the following clinical findings, i.e. impairment of consciousness, neck stiffness, nausea/vomiting. Identification of the infecting bacteria and determination of antimicrobial susceptibility were performed using the VITEK 2 automated system (BioMerieux Inc, Mercy Létoil, France) and conventional methods. Resistance to methicillin was tested by E-test (bioMérieux). Antibacterial susceptibility tests were evaluated according to Clinical Laboratory Standards Institute (CLSI) criteria until 2014 and EUCAST between 2015 and 2021. Chi-square and Student T tests were used for statistical comparison.

**Results.** A total of 9 patients in MSS-NM, 41 patients in MRS-NM group fulfilled the study inclusion criteria. Age, gender, and CSF findings (except CSF glucose was significantly lower in MSS-NM) were similar in both groups (Table 1). Besides, EOT clinical success and overall success (EOT success followed by one-month survival without relapse or reinfection) rates were similar (Table 1). Relapse and reinfection rates during post-treatment one month period were 0-0% and 0-6-6% in MSS/MRS-NM, respectively. In MRS-NM group reinfection pathogens were Acinetobacter baumannii and Pseudomonas aeruginosa after 12 and 30 days end of treatment.

**Characteristics of NM Patients**

| Characteristics | Methicillin sensitive (n=9) | Methicillin resistant (n=41) | p |
|----------------|-----------------------------|-----------------------------|---|
| Female         | 3                           | 18                          | 0.716 |
| Age            | 48.5±12.9                   | 51.4±13.1                   | 0.553 |
| Intracranial tumor | 3                           | 14                          | 1 |
| Intracranial haemorrhage | 0                           | 13                          | 0.089 |
| Hydrocephalus   | 3                           | 18                          | 0.716 |
| Shunt           | 5                           | 23                          | 1 |
| External ventricular drainage | 0                           | 8                           | 0.321 |
| Mean CSF leukocyte count | 703.3±360                   | 578±288.89                  | 0.266 |
| Mean CSF protein | 180±114.5                   | 445.7±1000.9                | 0.472 |
| Mean CSF glucose | 16.7±19.79                  | 47.93±36.98                 | 0.015 |
| Day 3-5 microbiological success | 1.59 (55.5%)              | 27.41 (85.8%)               | 0.704 |
| EOT clinical success | 9/9 (100%)                  | 37/41 (90.2%)               | 1 |
| Overall success | 9/9 (100%)                  | 35/41 (84.5%)               | 0.575 |

**Conclusion.** Overall success in MSS-NM was acceptable while it was non-significantly lower in MRS-NM. The medical community should seek better infection control measures from NM.

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

**269. A Review of Gram Negative Endogenous Endophthalmitis at University Hospital in Newark**

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**Session: P-13. CNS Infection**

**Background.** Endophthalmitis (EO) is an ocular emergency characterized by intraocular inflammation, usually in response to infection. While most cases are exogenous, gram negative (GN) EO account for 10-24% of all cases, and endogenous EO (EEO) account for 2-8% of all cases. Risk factors for EEO include diabetes mellitus (DM), IV drug use, and indwelling catheters. Major sources of infection are urinary tract infections (UTI), liver abscesses, pneumonia, and bacteremia. Common pathogens include K. pneumoniae, P. aeruginosa, and H. influenzae. Outcomes are poor, with only 20% of patients achieving improved visual acuity, and 30-40% requiring enucleation.

**Methods.** Retrospective analysis was performed on patients diagnosed with EO (n=89) at University Hospital in Newark from January 2016 to December 2020 using ICD-10 codes H44.0-H44.009, H44.1, and H44.19. Patients included were those fulfilling the study inclusion criteria. Age, gender, and CSF findings (except CSF glucose was significantly lower in MSS-NM) were similar in both groups (Table 1). Besides, EOT clinical success and overall success (EOT success followed by one-month survival without relapse or reinfection) rates were similar (Table 1). Relapse and reinfection rates during post-treatment one month period were 0-0% and 0-6-6% in MSS/MRS-NM, respectively. In MRS-NM group reinfection pathogens were Acinetobacter baumannii and Pseudomonas aeruginosa after 12 and 30 days end of treatment.

**Overall success** | **Methicillin sensitive (n=9)** | **Methicillin resistant (n=41)** | **p** |
|-----------------|--------------------------------|--------------------------------|------|
| Female          | 3                             | 18                            | 0.716 |
| Age             | 48.5±12.9                     | 51.4±13.1                     | 0.553 |
| Intracranial tumor | 3                             | 14                            | 1    |
| Intracranial haemorrhage | 0                             | 13                            | 0.089 |
| Hydrocephalus   | 3                             | 18                            | 0.716 |
| Shunt           | 5                             | 23                            | 1    |
| External ventricular drainage | 0                             | 8                             | 0.321 |
| Mean CSF leukocyte count | 703.3±360                    | 578±288.89                    | 0.266 |
| Mean CSF protein | 180±114.5                     | 445.7±1000.9                  | 0.472 |
| Mean CSF glucose | 16.7±19.79                    | 47.93±36.98                   | 0.015 |
| Day 3-5 microbiological success | 1.59 (55.5%)               | 27.41 (85.8%)                 | 0.704 |
| EOT clinical success | 9/9 (100%)                    | 37/41 (90.2%)                 | 1    |
| Overall success | 9/9 (100%)                    | 35/41 (84.5%)                 | 0.575 |

**Conclusion.** Overall success in MSS-NM was acceptable while it was non-significantly lower in MRS-NM. The medical community should seek better infection control measures from NM.

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

270. New Onset Seizure Presented as Neurosyphilis

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**Session: P-13. CNS Infection**

**Background.** The term “neurosyphilis” refers to infection of the central nervous system (CNS) by Treponema pallidum. It can occur at any time after initial infection. Early in the course of syphilis, the most common forms of neurosyphilis involve the cerebrospinal fluid (CSF), meninges, and vasculature (asymptomatic meningitis, symptomatic meningitis, and meningovascular disease). Late in disease, the most common forms involve the brain and spinal cord parenchyma (general paralysis of the insane and tabes dorsalis).

**Methods.** A 31-year-old man who suddenly developed a new onset generalized tonic clonic seizure, was admitted to the emergency department. He had no history of epilepsy and denied any vision or gait problems. The brain MRI showed no abnormalities.

**Results.** Although rare, GNEEO causes significant morbidity, with only 2 recovering visual acuity and 3 requiring enucleation. Risk factors, sources of infection, and microbes were all consistent with those in previous reports. Hepatobiliary disease and DM were the most prominent risk factors while sources of infection included UTI and empyema. Eye cultures were positive for K. pneumoniae and P. aeruginosa, two common pathogens previously identified. This case series highlights the importance of prompt recognition and initial treatment of GNEEO with empiric coverage that includes vancomycin and ceftazidime.

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

| Symptom                  | # of Patients |
|--------------------------|---------------|
| Bilateral                | 1             |
| Unilateral               | 6             |
| Pain                     | 6             |
| Redness                  | 4             |
| Hypopyon                 | 4             |
| Decreased perception of light | 4         |
| Decreased visual acuity  | 2*            |
| Uveitis                  | 2             |
| Retinitis                | 1             |

**Table 1. Ocular symptoms on presentation of cases of gram negative endogenous endophthalmitis**

| Positive Cultures | # of Patients |
|-------------------|---------------|
| Eye cultures      | 7             |
| Urine cultures    | 2             |
| Blood cultures    | 1             |

**Table 2. Positives cultures obtained from cases of gram negative endogenous endophthalmitis**

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