an ABSSSI diagnosis presenting to two academic medical centers in Detroit, MI from 2010 to 2015 were included. Baseline/clinical characteristics and outcomes were compared between cases (ABSSSI + BSU) and controls (ABSSSI). Outcomes included in-hospital mortality, hospital length of stay (LOS) and 30-day readmission. Fisher’s exact and Student’s t- or Mann–Whitney U-tests were used for bivariate comparisons. Variables associated with ABSSSI + BSU were entered into a multivariable logistic regression to examine factors independently associated with ABSSSI + BSU.

Results. 392 patients consisting of 196 ABSSSI + BSU and 196 controls ABSSSI were evaluated. In bivariate analysis, individuals with ABSSSI + BSU were significantly older (P < 0.001), more likely to be male (P = 0.008), an intravenous drug user (P = 0.012), have chronic renal failure (P = 0.002), prior hospitalization (P < 0.001), and more systemic symptoms, such as elevated temperature, white blood cell count, and acute renal failure on hospital admission (P < 0.001). By regression, male gender (OR 1.85, 95% CI 1.13–2.96), acute renal failure (OR 2.08, 95% CI 1.18–3.67), intravenous drug use (OR 4.38, 95% CI 2.22–8.62), and prior hospitalization (OR 2.41, 95% CI 1.24–4.93) remained statistically significant. ABSSSI + BSU patients were more likely to experience in-hospital mortality (41% vs. 0%, P < 0.001), have longer mean length of stay (7.4 ± 5.7 vs. 2.7 ± 2 years, P < 0.001), and experience 30-day readmission (11.2% vs. 4.1%, P = 0.006).

Conclusion. Patients with ABSSSI + BSU had worse outcomes than those with ABSSSI alone. Factors associated with ABSSSI + BSU, such as gender, IVDU, prior hospitalization, renal failure, and systemic signs/symptoms of infection, may be used to identify patients at risk for ABSSSI + BSU.

Disclosures. All authors: No reported disclosures.

260. Post-Discharge Antibiotic Therapy in Patients with Acute Bacterial Skin and Skin Structure Infections

Asling Caffrey, PhD, MS;1 Maya Befaneck, PharmD, MPH, MS;1 Trishali Lopes, MS;1 and Bernardo Ayres, MD1,2

Methods. This is a national descriptive study of Veterans Affairs medical center admissions with diagnosis codes for ABSSSI between January 1, 2005 and September 30, 2015. Patients receiving vancomycin during this admission were selected for inclusion. Treatment approaches after hospital discharge, including oral antibiotics, as well as intravenous (IV) medications administered in an outpatient clinic were assessed. Differences between oral and IV groups were assessed with χ2 or Wilcoxon tests as appropriate.

Results. Of the 118,135 ABSSSI admissions, 114,352 (96.8%) patients continued antibiotic therapy after discharge. Most patients (98.5%) continued on oral therapy (median length of stay 4 days vs 6 days in IV group; P < 0.05). The most common oral therapies after discharge were sulfamethoxazole/trimethoprim (n = 30,220, 26.8%) and amoxicillin clavulenate (n = 21,819, 19.4%). The most common IV antibiotics were vancomycin (n = 74, 57.5%) and ceftiraxone (n = 220, 17.1%). Significant differences in demographic/clinical characteristics between oral and IV groups were observed. Of note, however, absolute differences were negligible in some cases (e.g., median age 61 in oral group and 62 in IV group). Cultures were taken in less than half of patients (37.9% oral, 49.7% IV; P < 0.05). The most common oral antibiotics were sulfamethoxazole/trimethoprim (median length of stay 4 days vs 6 days in IV group; P < 0.05). The use of dalbavancin or oritavancin may have prevented four readmissions, if dalbavancin or oritavancin were used was 3.0 ± 1.9 days (P = 0.03 vs. actual length of stay). The use of dalbavancin or oritavancin or may have prevented four readmissions, if dalbavancin or oritavancin were used was 3.0 ± 1.9 days (P = 0.03 vs. actual length of stay). The use of dalbavancin or oritavancin may have prevented four readmissions (P = 0.048); of note most (83%) had catheter insertions, and the use of daptomycin in one patient. Despite the potential cost savings, the use of dalbavancin or oritavancin would result in an additional cost to ANW by an estimate of $937 to $20,107 a year.

Conclusion. Dalbavancin or oritavancin may have been used in a small proportion (3%) with skin and soft-tissue infections as primary diagnosis. The high cost of dalbavancin and oritavancin offset any potential cost savings resulting in additional costs to ANW estimated to be up to $20,000 a year.

Disclosures. All authors: No reported disclosures.

262. Emergence of Multi-Drug-Resistant Organisms (MDROs) Causing Fournier’s Gangrene

Lauren Shiroma, MD1 and Nancy Cron-Cianflone, MD, MPH,2

Session: 47. Clinical: Skin and Soft Tissue

Thursday, October 5, 2017: 12:30 PM

Background. Fournier’s gangrene is an uncommon but often devastating infection. There are few contemporary data on the risk factors and evolving microbiologic trends including emerging drug-resistant organisms implicated in these life-threatening infections.

Methods. A retrospective study of Fournier’s gangrene from 2006 to 2015 at a large academic hospital was conducted. Cases were identified using ICD codes (ICD-9: 908.83, V13.89; ICD-10: N49.3, Z87.438), and a review of medical and pathology records was performed to confirm each case. Data collected included socio-demographic, medical conditions, bacterial pathogens and their resistance patterns, treatments, and outcome. Descriptive and univariate statistics were performed.

Results. In total, 59 cases were evaluated with an incidence of 31.8 cases per 100,000 admissions over the study period. Mean age was 56 years (range 18–91), 71% were male, and 45% had diabetes. Male gender (OR 3.88, 95% CI 1.68–8.94, P <0.001), diabetes (OR 3.72, 95% CI 1.23–10.97, P = 0.02) and chronic wounds (OR 4.25, 95% CI 1.34–13.41, P = 0.01) were associated with ABSSSI + BSI in bivariate analysis at a significance level of P < 0.05. By regression, male gender (aOR 3.65, 95% CI 1.18–11.27), diabetes (aOR 2.75, 95% CI 1.30–5.83), and experience 30-day reinfection (11.2% vs. 4.1%, P = 0.006).

Conclusion. Veterans Affairs medical centers admitted a high number of patients with Fournier’s gangrene. Male gender and diabetes were found to be significantly associated with ABSSSI + BSI in this retrospective analysis. Multidisciplinary approach to patient management and emphasis on early recognition and treatment is necessary to optimize outcomes.

Disclosures. All authors: No reported disclosures.

263. Orthopedic-Implant Associated Infection due to Gram-Negative Bacilli: The Worrisome Impact of Acinetobacter baumannii Multidrug Resistance in a Brazilian Center

Raquel Silva, MD;1 Mauro Costa Salles, MD;1 Roberta Matosa, Nurse;2 Bernardo Ayres, MD;1 Viviane Dias, MD;1 and Luciana M. Caetano, MD,2

Session: 47. Clinical: Skin and Soft Tissue

Thursday, October 5, 2017: 12:30 PM

Background. Acute bacterial skin and skin structure infections (ABSSSI) are a challenging medical problem associated with high health care costs. Dalbavancin and oritavancin are approved for treatment of ABSSSI and, due to their long half-life, are dosed as a one-time infusion. These agents may make it possible for earlier discharge and reduce health care costs without compromising efficacy.

A retrospective review at a Level I trauma center was performed on patients discharged from Abbott Northwestern Hospital (ANW) with primary diagnosis of skin and soft-tissue infection between October 1, 2015 and September 30, 2016. Inclusion and exclusion criteria were approved by ANW Antimicrobial Stewardship Committee and used to retrospectively identify potential candidates for oritavancin or dalbavancin. Retrospective cost-analysis was performed to assess potential cost savings with the use of dalbavancin or oritavancin instead of the traditional antibiotic therapy that was used. Financial impact was assessed taking into consideration potential cost savings and additional expenses with the use of dural failure or oritavancin. Data are presented as mean ± standard deviation. Statistical comparison between actual and predicted length of hospital stay was performed using paired t-test. P < 0.05 was considered statistically significant.

Results. In total, 294 admissions were identified. Eight patients met the selection criteria with the majority being intravenous drug users. Actual length of stay of candidates for dalbavancin or oritavancin was 4.3 ± 2.8 days. Predicted length of hospital stay if dalbavancin or oritavancin were used was 3.0 ± 1.9 days (P = 0.03 vs. actual length of stay). The use of dalbavancin or oritavancin may have prevented four readmissions (P = 0.048); of note most (83%) had catheter insertions, and the use of daptomycin in one patient. Despite the potential cost savings, the use of dalbavancin or oritavancin would result in an additional cost to ANW by an estimate of $937 to $20,107 a year.

Conclusion. Dalbavancin or oritavancin may have been used in a small proportion (3%) with skin and soft-tissue infections as primary diagnosis. The high cost of dalbavancin and oritavancin offset any potential cost savings resulting in additional costs to ANW estimated to be up to $20,000 a year.

Disclosures. All authors: No reported disclosures.