and readmission rates. Analyses suggest a potential difference in the pursuit of source control and combination therapy among PWID, however more studies may be needed to achieve significance.

**Disclosures.**
Michael J. Rybak, PharmD, MPH, PhD, Paratek Pharmaceuticals (Research Grant or Support)

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### Background.
Dalbavancin is a long-acting, semisynthetic derivative of teicoplanin that is currently approved for treatment of acute bacterial skin and skin structure infections. Its efficacy and role in the treatment of invasive infections, in particular infective endocarditis, is not well known.

**Methods.** We reviewed the English-language literature for the use of Dalbavancin in the treatment of endocarditis due to Gram-positive organisms, using Pubmed.

**Results.** 15 publications were reviewed. All the publications were retrospective in nature, with relatively small numbers of patients, including a few case reports.

A total of 159 patients received Dalbavancin for endocarditis. The mean age was 47 years. The main reasons for using Dalbavancin were non-feasibility of a standard outpatient regimen (e.g., long duration of therapy ( 

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### Table 1. Patient Characteristics and Risk Factor Analysis

| Variable | No Infection (n = 161) | PVIE (n = 23) | P Value |
|----------|------------------------|--------------|---------|
| Age (years) | 60 (62-70) | 60 (43-70) | 0.879 |
| Sex (M:F) | 108:53 | 12:11 | 0.162 |
| Diabetes | 31 (19.3%) | 8 (34.8%) | 0.041 |
| Cardiac Surgery | 66 (41.6%) | 17 (73.9%) | 0.003 |
| Prior IV drug use | 125 (77.6%) | 21 (91.3%) | 0.275 |

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### Table 2. Additional Outcomes

| Variable | No Infection (n = 161) | PVIE (n = 23) | P Value |
|----------|------------------------|--------------|---------|
| Post-op Transfer | 8 (5%) | 5 (21.7%) | p = 0.003 |
| Post-op ECG Change | 32 (20%) | 10 (43.5%) | p = 0.035 |
| Length of Stay | 2.8 (1.8-6.9) | 3.8 (3.8-13) | p = 0.064 |
| 30 Day Readmission | 17.6 (10.5%) | 12 (52.2%) | p = 0.001 |
| Non-hemor Access | 8 (5%) | 0 | p = 0.599 |
| Heart Block | 25 (15.5%) | 8 (34.8%) | p = 0.038 |

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### Conclusion.
The results from this study give insight to the local incidence, microbiology, and risk of PVIE following TAVR. Future directions include a larger evaluation of modifiable risks such as diabetes management and examining the heart block patients who received permanent pacemaker implants.

**Disclosures.** Rachel Kenney, PharmD, Medtronic, Inc. (Other Financial or Material Support, spouse is an employee and shareholder) Janet F. Wyman, DNP, CNS-BC, FACC, Edwards Lifesciences (Consultant) Dee Dee Wang, MD, Edwards Lifesciences (Consultant) Brian O'Neill, MD, Edwards Lifesciences (Consultant)

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### Table 3. Additional Outcomes

| Variable | No Infection (n = 161) | PVIE (n = 23) | P Value |
|----------|------------------------|--------------|---------|
| Age (years) | 60 (62-70) | 60 (43-70) | 0.879 |
| Sex (M:F) | 108:53 | 12:11 | 0.162 |
| Diabetes | 31 (19.3%) | 8 (34.8%) | 0.041 |
| Cardiac Surgery | 66 (41.6%) | 17 (73.9%) | 0.003 |
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### Table 4. Additional Outcomes

| Variable | No Infection (n = 161) | PVIE (n = 23) | P Value |
|----------|------------------------|--------------|---------|
| Age (years) | 60 (62-70) | 60 (43-70) | 0.879 |
| Sex (M:F) | 108:53 | 12:11 | 0.162 |
| Diabetes | 31 (19.3%) | 8 (34.8%) | 0.041 |
| Cardiac Surgery | 66 (41.6%) | 17 (73.9%) | 0.003 |
| Prior IV drug use | 125 (77.6%) | 21 (91.3%) | 0.275 |

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### Conclusion.
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