(88%) had pulmonary TB disease only; two (12%) had both pulmonary and extrapulmo-
nary disease. Of all patients, 16 had Mycobacterium tuberculosis isolated from sputum 
and 7 (44%) had cavitary disease. The preliminary drug susceptibilities were 8 MDR 
patients, 8 pre-XDR, and 1 unreported. Three patients received BPaL as their only 
treatment; six first received treatment for drug-susceptible TB, and eight received other 
regimens for MDR TB before BPaL. Eleven (65%) patients had ≥ 1 side effect reported 
during any TB treatment, including peripheral neuropathy (n=5), depression (n=4), ves-
tibular dysfunction (n=3), and vision changes (n=3). Timing related to specific TB drug 
use was not reported. Sixteen (94%) patients received less than the approved initial dose 
of 1200 mg linezolid daily, and 15 (88%) patients underwent monitoring of linezolid ex-
posure. All 16 patients with M. tuberculosis in initial sputa converted to negative culture 
results within 6 months of starting treatment. At 12 months after BPaL initiation, all 
patients had completed treatment, without TB recurrences or deaths reported.

MRI Brain

MRI Brain (axial T2/flair sequence) shows hyperintensities in multiple locations including the involvement of the left optic nerve and the left occipital region.

**Conclusion.** Exacerbation of pre-existing clinical symptoms, formation of new 
lesions, or cavitation of prior pulmonary infiltrates is known as tuberculosis IRIS or 
paradoxical reaction. Despite the clinical and radiological exacerbation, mycobacterial 
cultures usually stay negative. Continuation of anti-TB medications and high-dose 
corticosteroids are the backbone of treatment but in refractory cases, immune modu-
lation is needed with anti-TNF-α agents.

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1402. NTM Infections: A Rising Global Health Problem/Clinical Characteristics 
and Outcomes of Patients with Non-Tuberculous Mycobacterial Infections at Two 
Tertiary Academic Medical Centers

Abdelhameed Nawwar, MD1; Julieta Madrid-Morales, MD2; Carolina Velez-Mejia, 
MD1; Rigoberto De Jesus Pizarro, MD2; Victor Cepeda, MD2; Kelly R. Reeves, PharmD, 
Plex; Jose Capella-Zuluaga, MD1; Heta Javeri MD, MPH3; Universita of Texas 
Health Science Center at San Antonio, Texas, USA, San Antonio, Texas; 2Southeast 
Illinois Healthcare (SIH), Herrin, Illinois; 3University of Texas at Austin, San Antonio, TX.

**Session:** P-80. Tuberculosis and other Mycobacterial Infections

**Background.** Non-Tuberculous Mycobacteria (NTM) cause infections in immu-
nocompetent as well as immunocompromised individuals affecting pulmonary and 
extra pulmonary sites. These pathogens are widely distributed globally and recent 
reports have shown their rise in many developed countries. Our study aimed to assess 
the disease magnitude, describe patient characteristics and risk factors, assess diag-
nostic and therapeutic measures and review outcomes furthering our understanding 
of the overall disease process.

**Methods.** We conducted a retrospective, multicenter review of patients with posi-
tive NTM cultures treated at University Hospital System and South Texas Veterans 
Health Care System (STVHCS) from 2011 to 2018. Infections were classified as pul-
monary or extrapulmonary, and we recorded demographics, microbiological data, 
treatment regimens, duration, complications, follow-up and mortality. All categorical 
variables were described using percentages and compared between groups using the 
chi-square test.

**Results.** A total of 176 patients were included for analysis, of which 111 (63.1%) met 
criteria for NTM disease (2020 ATS/IDSA). The most common cultured mycobacterium 
was M. Avium Complex (MAC), M. abscessus-chelonae was more commonly associated 
with clinical disease and isolated from an extra pulmonary site whereas M. smegmA 
classes showed similar distribution between the infected and uninfected groups. Over 50% 
of patients received treatment (80% in the infected group). Cure was seen in 47.2%, all-
cause mortality was 27% at last follow-up. Median duration of therapy was 10 months. 
47% of patients experienced adverse effects which led to treatment discontinuation in 
one third of patients. Patients who were able to achieve a cure received a longer duration 
of therapy (12 vs 7 months; not statistically significant) and treatment was halted more 
commonly in the group that did not achieve eventual cure (42.6% vs. 16.7%; p=0.007).

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**Table 1. Characteristics of patients overall (all culture positive patients) and by clinical infection**

| Characteristic | Culture Positive (n=176) | Clinical Infection (n=111) | No Clinical Infection (n=65) | P-value* |
|---------------|--------------------------|----------------------------|-----------------------------|---------|
| Age (years), median (IQR) | 65 (60-74) | 64 (59-73) | 70 (65-74) | 0.003 |
| Male sex, n (%) | 102 (58.5) | 71 (64.2) | 31 (47.7) | 0.263 |
| Charlson/Eccoe, median (IQR) | 1.0 (0.7-2) | 1.0 (0.7-2) | 1.0 (0.7-2) | 0.381 |
| Pulmonary active, n (%) | 130 (74.6) | 95 (85.5) | 35 (53.8) | <0.001 |
| Organism, n (%) | | | | |
| M. avium complex | 54 (31.2) | 39 (35.0) | 15 (23.1) | |
| M. abscessus-chelonae complex | 44 (25.2) | 26 (23.5) | 18 (27.7) | |
| M. smegma | 29 (16.6) | 16 (14.4) | 13 (20.0) | |
| M. fortuitum | 2 (1.2) | 1 (0.9) | 1 (1.5) | |
| M. kansasi | 6 (3.5) | 5 (4.5) | 1 (1.5) | |
| M. xenopi | 2 (1.2) | 2 (1.8) | 0 (0.0) | |
| M. szulgai | 2 (1.2) | 2 (1.8) | 0 (0.0) | |
| M. corda | 1 (0.6) | 0 (0.0) | 1 (1.5) | |
| M. fortuitum | 1 (0.6) | 0 (0.0) | 1 (1.5) | |
| M. hominis | 93 (52.8) | 60 (53.7) | 33 (50.8) | |