symptoms; no further antibiotic treatment needed) was assessed at Days 14 and 28. Safety was assessed at every visit.

**Results.** There were 237 patients with normal weight (BMI <25), 221 patients who were overweight (BMI 25 to <30), and 240 patients who were obese (BMI ≥30). Twenty patients were obese (11.9 with BMI 30 to <35; 60 with BMI 35 to <40; 61 with BMI ≥40). Rates of diabetes, hypertension, and cellulitis were higher in obese patients (Table 1). Clinical success rates at end-of-treatment visit and final visit were similar between normal weight, overweight, or obese patient groups (Figure 2). Study drug-related treatment-emergent adverse events (TEAEs) were observed in 7.2% of normal weight patients, 4.6% of overweight patients, and 6.9% in obese patients; 7.6% (BMI 30 to <35), 11.7% (BMI 35 to <40), and 13.1% (BMI ≥ 40 kg/m²). Rates of serious TEAEs were similar between groups, ranging from 0 to 3.3% among BMI groups. Rates of TEAEs were also similar to those reported for dalbavancin in previous phase 3 trials.

**Conclusion.** Dalbavancin is effective and well tolerated in overweight and obese patients.

Disclosures. B. Georgiades, Allergan plc; Employee, Salary. U. Rappo, Allergan plc; Employee and Shareholder, Salary. P. L. Gonzalez, Allergan plc; Employee and Shareholder, Salary. J. S. McGregor, Allergan plc; Employee, Salary. J. Chen, Allergan plc; Employee, Salary

257. More than just an Anti-Infective Agent: A Prospective Pilot Clinical Trial to Determine the Effectiveness of IV Ertapenem in Severe Hidradenitis Suppurativa

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**Session:** 47. Clinical: Skin and Soft Tissue

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**Background.** Hidradenitis suppurativa (HS) is a chronic debilitating cutaneous inflammatory condition caused by follicular occlusion/crusted with resultant inflammatory response. No durable control of HS is seen with current management strategies including topical and/or oral antibiotics, immunomodulatory drugs and local surgery. A recent French study using IV ertapenem for ≥4 weeks showed significant control of severe HS in patients (patients) who failed alternate medical strategies. We performed a prospective trial to study the effectiveness of IV ertapenem in severe HS.

**Methods.** A prospective pilot clinical study was done at Henry Ford Hospital, Detroit from May 2013 to December 2015. All patients with severe HS (Hurley Stage III) and who failed medical management by Dermatology were referred to Infectious Diseases, Henry Ford Health System, Detroit, MI. Patients with severe HS (Hurley Stage III) and who failed medical management by Dermatology were referred to Infectious Diseases, Henry Ford Health System, Detroit, MI.

**Results.** Twenty-three patients with severe HS consented to participate with a median age of 40 years (range 23–78 years) and 56% were female. Median treat- ment duration was 8 weeks (range 6–12). A 100% response rate was observed within 2 weeks of initiation and near complete resolution of active inflammation/drainage and improvement of pain score was observed in all patients at the end of treatment. Durable response was variable after completion of ertapenem (median 4 weeks; range 2–12); all subjects relapsed with varying degree of severity. In three patients who relapsed back to Hurley Stage III, ertapenem was restarted after 3 months with successful response. Adverse events included diarrhea (four patients), Clostridium difficile infection (one patient), and PICC line-related DVT (three patients). Clinical benefit despite ertapenem non-responsive bacteria in pretreatment culture of cutaneous drainage suggests an unproven immune-modulatory activity. Role of gut/skin microbial alteration needs further study.

**Conclusion.** In selected patients with severe HS, IV ertapenem is highly effective in the control of inflammation and can be useful in combination with local surgery.

Disclosures. All authors: No reported disclosures.

258. High Rates of Multidrug Resistance in Diabetic Foot Infection in Detroit Area: Does It Matter?

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**Session:** 47. Clinical: Skin and Soft Tissue

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**Background.** Multidrug-resistant organisms (MDROs) are important diabetic foot infection (DFI) pathogens. This study evaluated the impact of DFI due to MDROs (MDRO-DFI) on clinical outcomes.

**Methods.** Adults admitted to the Detroit Medical Center from 1/2012 to 12/2015 with culture-positive DFI were included. Associations between outcomes and MDRO-DFI (evaluated as a single group that included methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant Enterococci, Enterobacteriaceae-resistant to third-generation cephalosporins and/or carbapenems (Enterobacteriaceae-R), Acinetobacter baumannii, and Pseudomonas aeruginosa) were analyzed. Outcomes included above and below knee lower extremity amputation (LEA) and readmissions and mortality within a year following DFI. A propensity score predicting the likelihood of having MDRO-DFI was computed by comparing patients with MDRO-DFI to patients with DFI not due to MDROs (non-MDRO-DFI). A conditional logistic model was constructed for each outcome, and MDRO-DFI was analyzed as an independent variable after patients in the MDRO and non-MDRO groups were matched by propensity score.

**Results.** 674 patients were included, with a mean age of 56.6 ± 13.8. Sixty-four percent were male and 73% African American. Median Charlson score was 7 (IQR 5–9). Most patients (n = 394, 59%) had MDRO-DFI and MRSA was the most common (235, 60% of MDRO-DFI patients), followed by P. aeruginosa (25%) and Enterobacteriaceae-R (15%). In bivariate analyses LEA and 1 year readmission were more common in the MDRO-DFI group (Table). However, in propensity-adjusted analyses, MDRO-DFI was no longer associated with LEA or hospital readmission.

**Conclusion.** LEA occurred in > 20% of DFI-MDRO patients, and >60% of patients were readmitted to the hospital within a year following a DFI-DFI episode. In propensity-adjusted analyses, DFI-MDRO was not significantly associated with these clinical outcomes. Table: Impact of DFI-MDRO on outcomes

| MDRO-MDRO | N = 394 | Non-MDRO-MDRO | OR | Adjusted OR |
|-----------|---------|----------------|----|-------------|
| LEA | 79 (20.5) | 38 (13.6) | 1.60 (1.05–2.44) | 1.44 (0.82–2.54) |
| 1-year mortality | 22 (6.7) | 14 (6.2) | 1.09 (0.52–2.17) | 0.77 (0.32–1.86) |
| 1-year readmission | 253 (64.2) | 150 (53.6) | 1.56 (1.14–2.13) | 1.14 (0.79–1.65) |

**LEA, lower extremity amputation**

Disclosures. All authors: No reported disclosures.

259. Risk Factors and Outcomes for Bloodstream Infections (BSI) Among Patients with Acute Bacterial Skin and Skin Structure Infections (ABSSSI)

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**Background.** ABSSSI are common infections in the community and can result in high morbidity and healthcare costs. While risk factors for ABSSSI have been previously evaluated, risk factors associated with secondary BSI have not, especially in an urban population with limited access to healthcare.

**Methods.** This case-control study evaluated risk factors and outcomes associated with secondary S. aureus BSI among adult ABSSSI patients. Patients age ≥ 18 years with ABSSSI are common infections in the community and can result in high morbidity and healthcare costs. While risk factors for ABSSSI have been previously evaluated, risk factors associated with secondary BSI have not, especially in an urban population with limited access to healthcare.

**Disclosures. All authors: No reported disclosures.**
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. Fischer’s exact and Student’s t- or Mann–Whitney U-tests were used for bivariate comparisons. Variables associated with ABSSSI + BSU were included in 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), be an intravenous drug user (P < 0.001), and have acute renal failure (P < 0.05). The most common oral antibiotic therapy after discharge was amoxicillin (45.7% oral, 44.4% IV), followed by trimethoprim-sulfamethoxazole (31.9% oral, 27.5% IV), and gentamicin (28.1% oral, 17.5% IV). However, absolute differences were negligible in some cases (e.g., median age of 61 in oral vs. 60 in IV group). Differences between oral and IV groups were assessed with Wilcoxon tests, or Mann–Whitney U tests, as appropriate. Conclusion. Most patients with ABSSSI + BSU had worse outcomes than those with ABSSSI alone. Factors associated with ABSSSI + BSU, such as gender, IVDU, prior hospitalization, 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

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Session: 47. Clinical: Skin and Soft Tissue Thursday, October 5, 2017: 12:30 PM

Background. There are limited published data regarding the post-discharge treatment for most infections, including acute bacterial skin and skin structure infections (ABSSSIs). Methods. This is a prospective cohort study of patients with ABSSSI seen at a tertiary care institution in Providence, RI. A validated questionnaire assessing antibiotic therapy after discharge, as well as other outcomes, was mailed to patients at 14 days post-discharge. 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 antibiotics after discharge were sulfaethoxazole-trimethoprim (n = 30,220, 26.8%) and amoxicillin clavulanate (n = 21,819, 19.4%). The most common IV antibiotics were vancomycin (n = 746, 57.5%) and ceftiraxone (n = 220, 17.1%). Significant differences in demographics and comorbidities were observed between oral and IV groups; however, absolute differences were negligible in some cases (e.g., median age 61 in oral group and 62 in IV group). Conclusions. There are few current data on the risk factors and evolving microbiologic trends influencing antibiotic use in patients discharged with these infections. Several important findings include the high number of patients continuing oral antibiotic therapy after discharge, and the significance of resistant organisms identified in these life-threatening infections.

261. Evaluation of Dalbavancin and Oritavancin as Cost-Effective Treatments of Acute Bacterial Skin and Skin Structure Infections in Hospitalized Patients

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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 once-a-month infusion. These agents may make it possible to allow for earlier discharge and reduce health care costs without compromising efficacy.

Methods. A retrospective cost analysis at two academic medical centers 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 invasive 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, 98.5% on oral therapy, 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 1.13–6.60), 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 (4.1 vs. 0%, P < 0.001), have longer mean loss (7.4 ± 5.7 vs. 2.7 ± 2.2 days, P < 0.001), and experience 30-day readmission (11.2 ± 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, and systemic signs/symptoms of infection, may be used to identify patients at risk for ABSSSI + BSU.

Disclosures. All authors: No reported disclosures.

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

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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 influencing antibiotic therapy after discharge. This is 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: 908.68, 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, and their resistant 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% male, and 45% with diabetes. Among those presenting, 96% had an adverse outcome (42% vs. 28%), although this was not statistically significant (P = 0.08). Of the 59 cases, 15% died and an average of 3.5 patients required peripherally inserted central catheter insertion. Most patients (81.7%) were critically ill with acute kidney injury and respiratory failure. Conclusions. Fournier’s gangrene is an uncommon but often devastating infection. There are few contemporary data on the risk factors and evolving microbiologic trends influencing antibiotic therapy after discharge. Demographic characteristics and comorbidity burden were similar between the oral and IV groups; however, small absolute differences were statistically significant as this was a retrospective study. Disclosures. All authors: No reported disclosures.

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

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Session: 47. Clinical: Skin and Soft Tissue Thursday, October 5, 2017: 12:30 PM

Background. The worrisome impact of Acinetobacter baumannii multidrug resistance in a Brazilian Center

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