In CR, BM is an important cause of high morbidity. Pneumococcal meningitis is the leading cause of BM in our pediatric population, but a dramatic reduction in pneumococcal meningitis was observed after the introduction of the pre-PCV era. There were a total of 23 patients identified with positive WNV IgM or IgG antibodies. Four patients had only positive WNV IgG and IgM antibodies were positive in CSF in 13 patients. Four patients had only positive WNV IgG and six patients had only positive WNV IgM. The average number of days from the admission to diagnosis of infection ranged from 3 to 16 days with average of 8.9 days. CSF protein was >45 mg/dL in 12 patients and elevated white cell count (>5 mm3) in 20 patients. CSF protein >100 mg/dL was seen in nine patients. Lymphocytosis was present in 10 patients. The average length of stay was 13.3 days and nine patients required ICU stay. Only one patient was not given any antibiotics. The average duration of antibiotics was 6.4 days. On 1 year follow-up, eight patients had no residual deficits, four patients had residual deficits, two patients were deceased, and nine patients were lost to follow-up.

Conclusion. WNV infection has become endemic in Southern United States especially in summer. Identifying the infection early in its clinical course would help to avoid unnecessary antibiotics when patients present with fever and meningeval symptoms. Including WNV antibodies in CSF studies is critical in making a diagnosis.

Disclosures. All authors: No reported disclosures.

3.51. It is Not Always Tuberculosis: Cytomegalovirus Polyradiculopathy and Encephalitis in Two Filipino Men With Advanced HIV Infection

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Session: 55. CNS Infections
Thursday, October 4, 2018: 12:30 PM

Background. Polyradiculopathy (PRP) and encephalitis are neurologic syndromes associated with 1% of cytomegalovirus (CMV) disease among patients with advanced HIV infection. Untreated patients die within 8 weeks. This case series and literature review highlights the clinical and laboratory features integral to the prompt diagnosis and treatment of these rare but serious manifestations of CMV disease among AIDS patients.

Methods. We document CMV PRP and encephalitis in two HIV-seropositive men seen in a tertiary hospital in the Philippines. Both patients presented with bilateral leg weakness, paresthesias, hyporeflexia, and urinary retention associated with confusion and memory lapses. In the two cases described, diagnosis of CMV disease was delayed because it was not immediately entertained. Tuberculosis involving the nervous system was first ruled out.

Results. The first case was a 31-year-old male with a baseline CD4 count of 9 cells/mm3 who presented with signs and symptoms of bilateral leg weakness and paresthesias 3 weeks after initiation of antiretrovirals (ART). CMV viremia was detected by PCR. Ganciclovir was initiated, and he subsequently died of multiorgan failure. The second case is a 29-year-old male with a baseline CD4 count of 2 cells/mm3. CMV DNA PCR was detected in the CSF. He died prior to initiation of anti-CMV therapy.

Conclusion. CMV-related neurologic complications are uncommon, but often fatal when appropriate anti-CMV therapy is not initiated promptly. The diagnosis of...