1497. Relapsing Clostridioides difficile Infection: Resolution with Combined Patient Choice Fecal Microbiota Transplantation, Vancomycin Taper, and Vancomycin Suppression

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Background. Clostridioides difficile infection (CDI) results in approximately a half a million cases and 15,000 deaths annually in the United States. Relapse rates vary between 20% and 50% and account for frequent readmissions and morbidity. Application of treatment modalities for relapsing cases resulting in complete resolution is reported here.

Methods. An observational analytical cohort study was done from June 2014 to December 2018 by offering options to patients for treatment of their CDI relapse. Each chose between Fecal Microbiota Transplantation (FMT; N = 22), Vancomycin taper regime (VTa; N = 19), and the VSu (94%; N = 17/18; P = 0.01). The FMT was given either as a liquid NG instillation (FMT-L) twice 12–24 hours apart (N = 47) or 20 capsules (FMT-C) given over 90 minutes (N = 5). Patients were followed for at least 8 weeks after treatment with readmissions tracked 24 hours apart (VTa; VSu, 12–24 hours apart (N = 47); VSu = 18). The FMT was given either as a liquid NG instillation (FMT-L) twice 12–24 hours apart (N = 47) or 20 capsules (FMT-C) given over 90 minutes (N = 5). Patients were followed for at least 8 weeks after treatment with readmissions tracked for 6 months in all cases. Fisher exact test was used for statistical significance.

Results. Four of six patients who received bezlotoxumab at the end of a suppressive treatment regimen did not require subsequent CDI treatment and have been followed for 2 years to 1.5 years to date. These four patients experienced a single, self-limited episode of diarrhea within 2 weeks of the infusion, and did not require subsequent CDI treatment. Two patients had recurrent symptoms and positive stool C. difficile test one month after infusion and were re-started on CDI treatment. One of the patients had a long-standing underlying irritable bowel syndrome and variable initial response to re-starting vancomycin. The other patient responded to re-starting fidaxomycin.

Conclusion. Bezlotoxumab at the end of a prolonged suppressive treatment regimen may be an effective therapeutic strategy in preventing recurrent CDI in patients with multiple recurrent CDI patients.

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1498. Assess Risk Factors, Mortality, and Healthcare Utilization Associated with Clostridioides difficile Infection (CDI) in 4 Latin American Countries

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Background. In contrast to Europe and North America, little is known about Clostridioides difficile infection (CDI) in Latin America, especially about risk factors, mortality, and healthcare utilization.

Methods. We conducted a retrospective, case–control study at eight hospital centers in Brazil, Mexico, Argentina, and Chile. Hospital databases and medical records were used to identify nosocomial CDI cases from January 1, 2014 to December 31, 2017. CDI cases were patients with diarrhea and a positive CDI testing 272 hours after hospital admission. Two controls with no CDI diagnosis and diarrhea were matched to each CDI case and were required to (1) have a length of hospital stay (LOS) ≥ 3 days, (2) be admitted ≥14 days from the case, and (3) share the same ward. Risk factors associated with CDI were assessed by conditional logistic regression. Mortality and healthcare utilization were compared between cases and controls.

Results. A total of 1,443 patients (218 years old) who met eligibility criteria were selected (841 cases and 962 controls). Comparing cases to controls, the mean age and gender representation were similar (age: 58.7 vs. 56.7 years, P = 0.269; male: 56.3% vs. 53.4%, P = 0.293), but comorbidity was higher (mean Charlson Comorbidity index: 4.3 vs 3.6, P = 0.18). Antibiotic exposure, existing medical conditions, and recent hospital admission are CDI major risk factors in Latin America. CDI also increased in hospital death risk and LOS. These findings are consistent with published literature in developed countries.

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1499. Distribution and Clinical Implication of Isolation of Multidrug-Resistant Microorganisms in Patients with Intra-Abdominal Infections

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Background. The aim of this study was to determine the prevalence and the clinical significance of multidrug-resistant microorganisms (MDROs) isolated from patients with intra-abdominal infections.

Methods. This cohort study was conducted at a 1,051-bed university-affiliated hospital in the Republic of Korea, between 2016 and 2018. The subjects included patients with intra-abdominal infections who had identified causative organisms. Patients with spontaneous bacterial peritonitis were not included in our study.

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Background. Gastric carcinoma (GC) has been associated with the presence of Helicobacter pylori infection. The infection rates vary according to geographic region and the majority of infected persons remain asymptomatic. Recent studies have suggested a controversial role of H. pylori infection in GC prognosis. The GC incidence rate in Colombia is among the highest of all Latin-American countries at 18.5 per 100,000 people. Furthermore, GC is responsible for the highest mortality rate among all malignancies in the country. This study aimed to describe GC survival in patients with H. pylori infection.

Methods. Hospital registries for all patients diagnosed with GC between 2000 and 2015 were consulted for clinical data. The hospital-based cancer registry was cross-linked with a population-based cancer registry to obtain IARC/WHO ICD-9 classification and follow-up information on all patients. Survival analysis was estimated using the Kaplan–Meier method. Differences between H. pylori cases and non-H. pylori cases were assessed through Pearson chi-2, Fisher exact test, log rank test, and Cox regression.

Results. A total of 500 GC cases were included and 8.6% had H. pylori infection. In the H. pylori cases, the median age was 62 years (IQR = 52–71); 56% were men. All cases had a tumor size ≥5 mm, Lauren classification was 60% intestinal type and 40% diffuse type. Regarding clinical stage, 33% of the patients were classified as localized (TNM AJCC 7th edition: IA, IB, IIA), 35% as regional (IBB, IIIA, IIIB, IIIC) and 12% were distant (IV). There was a statistically significant difference between H. pylori cases and non-H. pylori cases survival ($P = 0.0151$). In univariate analysis, H. pylori infection was associated with better cancer-specific survival ($HR = 0.5398; 95\% CI: 0.3255–0.8950; P = 0.017$). In multivariate analysis, H. pylori infection ($HR = 0.5934; 95\% CI: 0.3577–0.9843; P = 0.043$) and clinical stage ($HR = 1.5327; 95\% CI: 1.3672–1.7182; P < 0.001$) were independent prognostic factors for cancer-specific.

Conclusion. This study showed that H. pylori infection is a beneficial prognostic indicator in patients with GC. Cases, and GC survival in cases with H. pylori infection was better compared with non-H. pylori cases.

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