The addition of the FAME panel to the standard of care evaluation increased the known etiologies from 119 (41.7%) to 197 pathogens (69.1%), (p< 0.05). 52 patients (18.2%) underwent a repeat LP (30, 57.6% done for additional testing). Empirical antibiotic and antiviral therapy were given to 89% and 63% of patients, respectively.

**Conclusion.** A rapid multiplex PCR decreases the proportion of unknown etiologies and has the potential to decrease length of stay and the use of empirical antibiotic and antiviral therapies. Testing with the FAME panel resulted in pathogen detections not previously recognized and for which treatment is recommended.

**Disclosures.** Rodrigo Hasbun, MD, MPH, Biofire (Speaker’s Bureau) Rodrigo Hasbun, MD, MPH, Biofire (Individual(s) Involved: Self): Consultant, Research Grant or Support

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**Session: P-13. CNS Infection**

**Background.** Nocardia is a slow-growing aerobic-actinomyecete that belongs to the family Nocardiaceae. Major predisposing factors include corticosteroid use, organ transplantation, low CD4 count, and hematologic malignancies. The most commonly affected organs are lungs, mainly via inhalation; however, the most common extrapulmonary site is central nervous system.

**Methods.** Matrix Assisted Laser Desorption Ionization - Time of Flight (MALDI-ToF) or 16srRNA sequencing are more reliable methodologies for accurate identification of *Nocardia* to the species level. To our knowledge, our patient represented the first U.S. case of *N. beijingensis* opportunistic disseminated infection in a renal transplant patient although similar cases have been previously reported outside the U.S.

**Results.** We present a 31-year-old Caucasian male status post renal transplant four years ago on immunosuppressants with left arm myoclonic jerks. In addition, there was an associated unilateral left frontal headache of four to five day duration. His chest CT revealed consolidative process in the right lower lobe and pleural effusion. MRI of the brain revealed multiple ring-enhancing lesions. Patient underwent left frontal craniotomy with resection and a complete evacuation of brain abscess. His brain abscess and pleural fluid cultures revealed Gram positive rods, which were subsequently identified as *Nocardia beijingensis* by MALDI-TOF and confirmed by 16srrRNA sequencing. He was treated with intravenous imipenem & trimethoprim – sulfamethoxazole with subsequent clinical improvement.
Head CT s/p left frontal craniotomy with resection & evacuation of abscess

Chest CT

Conclusion. Different Nocardia species have a wide geographic distribution with varying pathogenic traits, and antimicrobial susceptibility. Hence, the identification of the specific species of Nocardia is crucial to provide a proficient level of patient care. Nocardia beijingensis is a newly discovered species of Nocardia that was first isolated in 2001 in China. Only six cases of N. beijingensis affecting CNS have been reported up to date in the United States. It is unclear of the geographic distribution and variable antimicrobial susceptibility of Nocardia beijingensis but we can confirm the first reported case of an opportunistic disseminated infection in a renal transplant patient in the United States.

Agar

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261. A Rare Case of Meningitis and Symptomatic Hydrocephalus by Listeria Monocytogenes in Dermatomyositis: A Case Report

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Session: P-13. CNS Infection

Background. Listeria monocytogenes is a gram-positive, facultative anaerobic bacillus common in the intestinal flora of many animals and humans. We describe an unusual case of meningitis by Listeria monocytogenes (LM) complicated by hydrocephalus in a child with dermatomyositis.

Methods. A 15-year-old girl presented to an outside hospital (OH) after a three-day history of headache, fever and was hospitalized with a diagnosis of meningitis and lumbar puncture performed. CSF sample could not be evaluated clearly due to its hemorrhagic nature. Her past medical history was significant for dermatomyositis for five years. She had received induction of IVIG five days prior. She was also taking cyclosporin A and hydroxychloroquine. She was empirically treated with intravenous cefotaxime, vancomycin, and acyclovir. She was urgently transferred to the theatre for an external shunt placement in the right lateral ventricle. The interval between the first symptoms and the diagnosis of hydrocephalus was around 4 days. CSF from this catheter showed growth of LM with sensitivity to meropenem and resistance to erythromycin, ampicillin, and sulfamethoxazole-trimethoprim. Gram staining of CSF resulted negative for bacteria. Cefotaxime was switched to intravenous meropenem. Immunological screening of cellular and humoral immunity, complement, and blood iron levels were normal. SARS-Cov2 PCR and HIV tests were negative. Herpes virus, mycobacterium tuberculosis real-time PCR, respiratory viral panel studied in the CSF sample were negative. MRI and Angio of the brain showed no abnormality. She is being followed in the pediatric intensive care unit as intubated.

Results. In patients who received immunosuppressive medication, L. monocytogenes should be evaluated in the differential diagnosis of central nervous system infections. Even if effective antibiotic therapy has been initiated, this case highlights the need of recognizing early hydrocephalus as a consequence of Listeria meningitis in children with neurological deterioration a few days after initial presentation.