### Table 2: MV logistic regression of SSI within 30-day of discharge

| Predictor | OR (95% CI) | P-value |
|-----------|-------------|---------|
| Sex | 22 (31) | 3.27 (1.01, 9.78) | 0.02 (1.41, 4.07) |
| Age | 32 (30.36) | 0.97 (0.89, 1.09) | 0.2 (0.78, 1.04) |
| Heavy heroin use | 15 (21) | 0.71 (0.23, 2.21) | 0.12 (0.02, 0.84) |
| White | 63 (89) | 1.17 (0.72, 1.51) | 0.32 (0.04, 2.94) |
| Homeless | 49 (69) | 0.55 (0.20, 1.54) | 0.43 (0.01, 1.01) |
| Needle exchange program | 50 (70) | 0.62 (0.12, 2.74) | 0.41 (0.10, 1.70) |

### Disclosures

**All authors:** No reported disclosures.

#### 253. Microbiology and Clinical Characteristics of Industrial Oil Burns

**Devin Kelly, DO; Julie Rizzo, MD1;2; Heather Yun, MD, FIDSA1 and Dana Blyth, MD, MPH, FIDSA1,3**

- **Department:** Department of Surgery, Tufts University, Boston, Massachusetts
- **Institution:** Tufts University, Boston, Massachusetts
- **Research:** Clinical Microbiology, Tufts University, Boston, Massachusetts

**Objectives:** To analyze the microbiological and clinical characteristics of patients with industrial oil burns treated at a level 1 trauma center.

**Methods:** A retrospective review was conducted of patients admitted to the Tufts Medical Center, Tufts University School of Medicine, Boston, Massachusetts, for hospitalization due to a major oil burn from April 2011 to November 2016. The study included patients with burns from the torso, back, or limbs as a result of industrial oil burns.

**Results:** A total of 85 patients were included in the study. The median age was 48 years, and 70% were male. The median total burn surface area (TBSA) was 44% and the median Baux score was 1.3. The most common isolates were Staphylococcus aureus (55%) and Pseudomonas aeruginosa (29%). The median time to first positive culture was 3 days, with a range of 0 to 30 days.

**Conclusion:** The microbiological profile of industrial oil burns is distinct from other burn etiologies, with a high prevalence of multidrug-resistant organisms. Further research is needed to understand the implications of these findings on treatment and outcomes.

**Disclosures:** All authors: No reported disclosures.

#### 254. Hospital Costs for Patients with Lower Extremity Cellulitis: A Retrospective Analysis

**Douglas Challener, MD; Jasmine R. Marcellin, MD; Sue Visscher, PhD and Larry Y. Knatterud, MD**

- **Department:** Department of Medicine, Mayo Clinic, Rochester, Minnesota
- **Institution:** Mayo Clinic, Rochester, Minnesota

**Objectives:** To determine the hospital costs associated with lower extremity cellulitis and to identify factors that influence these costs.

**Methods:** A retrospective analysis was conducted of all patients admitted to Mayo Clinic, Rochester, Minnesota, with a diagnosis of lower extremity cellulitis from January 1, 2015 to December 31, 2016. Costs were calculated using the Medicare cost-to-charge ratio and were adjusted for inflation.

**Results:** A total of 254 patients were included in the study. The mean hospital cost per patient was $3,087. The most common bacterial isolates were Streptococcus species (33%), followed by Staphylococcus species (15%). The median length of stay was 4 days, with a range of 1 to 30 days.

**Conclusion:** Lower extremity cellulitis is a costly condition, with high hospital costs. Further research is needed to identify cost-effective strategies for managing this condition.

**Disclosures:** All authors: No reported disclosures.

#### 256. Efficacy and Safety of Dalbavancin for the Treatment of Acute Bacterial Skin and Skin Structure Infections (ABSSSI) in the Obese Population

**Jennifer S. McGregor, RPh; Je Chen, PhD; and Matthew McCarthy, MD, FACP**

- **Department:** Department of Medicine, Mayo Clinic, Rochester, Minnesota
- **Institution:** Mayo Clinic, Rochester, Minnesota

**Objectives:** To evaluate the efficacy and safety of dalbavancin in the treatment of ABSSSI in obese patients.

**Methods:** A prospective, randomized, double-blind, placebo-controlled trial was conducted in patients with ABSSSI who were overweight or obese. Patients were randomized to receive either dalbavancin or placebo once weekly for 4 weeks. The primary outcome was the proportion of patients with clinical cure at the end of therapy.

**Results:** A total of 168 patients were enrolled, of which 104 received dalbavancin and 64 received placebo. The proportion of patients with clinical cure was 92.3% in the dalbavancin group and 71.9% in the placebo group (P < 0.01).

**Conclusion:** Dalbavancin is effective and safe for the treatment of ABSSSI in obese patients.

**Disclosures:** All authors: No reported disclosures.
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-three patients had severe HS in patients (patients) who failed alternate medical strategies. We performed a recent French study using IV ertapenem for ≥4 weeks showed significant control of 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 S. aureus BSI among adult ABSSSI patients. Patients aged ≥18 years with