

Conclusion. At present, we do not use the EORTC/MSG criteria due to lack of tests in our country, in this study the probable group referred usually from community centers had worse outcome and clinical characteristics, that is why we cannot underestimate this group of patients. We need to have better diagnostic tests in order to identify promptly these patients and avoid a late disease presentation.

Disclosures. All authors: No reported disclosures.

183. Do Liver Transplant Recipients Have a Higher Risk for Cryptococcosis Than Non-liver Transplant Recipients?

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Session: 44. Clinical Mycology

Thursday, October 5, 2017: 12:30 PM

Background. Patients with liver cirrhosis have an increased risk for cryptococcosis. However, it is unknown whether they remain at a higher risk for cryptococcosis after liver transplantation.

Methods. Patients undergoing solid organ transplantation at a tertiary hospital in Taiwan were included for analysis. Cryptococcosis was defined based on criteria proposed by the European Organization for Research and Treatment in Cancer and the Mycoses Study Group. Only Nystatin oral suspension but no systemic anti-fungal agents was prescribed routinely post-transplant.

Results. From 2001 to 2016, in total, 1576 patients underwent solid organ transplantation, including 756 kidney, 411 liver, 336 heart, 61 lung, and 12 multi-organ transplantation. Cryptococcosis developed in 20 patients (1.3%), including cryptococcemia in 9, pulmonary/urine in 6, meningitis in 3, and surgical site infection in 2. Its incidence was 3.2% (13/411) in liver, 1.5% (5/336) in heart, and 0.3% (2/756) in kidney transplant recipients. Compared with 1165 non-liver transplant recipients, 441 liver transplant recipients had a significant higher incidence of cryptococcosis (3.1% vs. 0.6%, $P < 0.01$) and developed the disease with a shorter median duration after transplantation (75 vs. 213 days). Cryptococcosis with very-early onset (<30 days after transplantation) developed in 38.5% (5/13) of liver transplant recipients with cryptococcosis, but only 14.3% (1/7) in non-liver transplant recipients. Six patients (30%) died after a median follow-up duration of 399 days, and only two deaths were related to cryptococcosis.

Conclusion. Our findings showed that liver transplant recipients still had a higher risk for cryptococcosis, and the disease developed earlier after transplantation than non-liver transplant recipients.

Disclosures. All authors: No reported disclosures.

184. Review of Treatment Regimens for Mucormycosis in a Las Vegas County Hospital Between 2013 and 2017

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Session: 44. Clinical Mycology

Thursday, October 5, 2017: 12:30 PM

Background. Mucormycosis (MC) is a group of invasive fungal infections with a mortality rate approaching 100% in disseminated disease. The incidence of MC is low, with one study estimating 500 cases/year in the United States, making optimal treatment difficult to identify. Liposomal amphotericin B (L-ampho), along with aggressive surgical intervention, is the first-line treatment for MC. Isavuconazole (ISA) and posaconazole (POSA) are newer azoles used as salvage therapy in patients not improving with L-ampho. Limited data are available about the use of L-ampho in combination with ISA or POSA as an initial treatment regimen, but aggressive treatment empirically may increase favorable outcomes.

Methods. We performed a retrospective review of patients diagnosed with MC from 2013 to 2017 at University Medical Center of Southern Nevada in Las Vegas, Nevada. Data collected included patient demographics, comorbidities, and predisposing risk factors as well as treatment regimens. Patients were evaluated for outcome after treatment therapy with monotherapy (L-ampho, POSA or ISA) or combination therapy (L-ampho with ISA).

Results. From 2013 to 2017, seven cases of MC were identified – five rhinocerebral (RC), one cutaneous (CT), and one pulmonary (PM). The most common risk factor was uncontrolled diabetes (5/7), followed by HIV (2/7) and non-Hodgkin lymphoma (1/7). Fifty-seven percent of patients received monotherapy and 43% received combination therapy (L-ampho/ISA). All the patients receiving combination therapy had RC. Seventy-one percent of patients survived to discharge regardless of treatment regimen. One hundred percent of combination therapy patients survived to discharge, whereas 50% of monotherapy patients survived to discharge. The two mortalities were patients with PM and CT MC.

Conclusion. MC is a rare infection with high mortality. For this reason, we are using ISA in combination with L-ampho as initial treatment to improve clinical outcomes. With our limited experience, combination therapy showed better rates of survival to discharge, without increasing adverse events. Our data suggest the use of combination therapy may improve outcomes in MC, but a larger sample of patients

treated with initial combination therapy is required to strengthen conclusions about patient outcomes.

Disclosures. All authors: No reported disclosures.

185. The Trends in the Distribution of *Candida* species Causing Candidemia at a Community Hospital in 2005 and 2014

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Session: 44. Clinical Mycology

Thursday, October 5, 2017: 12:30 PM

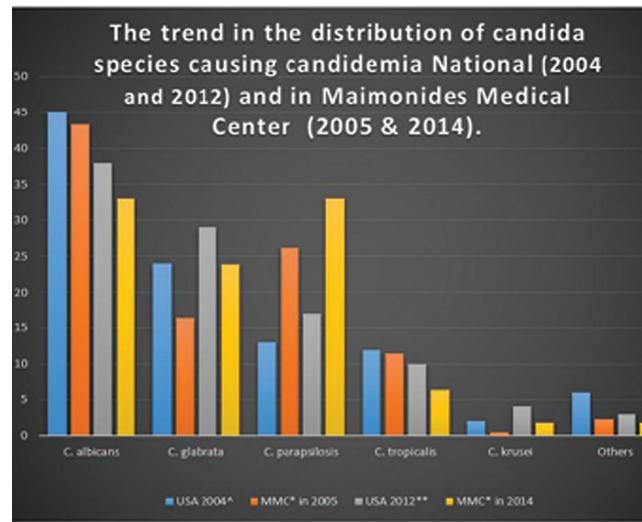
Background. Candida remains the most common cause of invasive fungal infections, with an attributable morality of 15–35%. Although five *Candida* species (*C. albicans*, *C. tropicalis*, *C. parapsilosis*, *C. glabrata*, and *C. krusei*) account for 92% of cases of candidemia, *Candida albicans* remains the most common cause of candidemia. However, recent studies report that the frequency of non *albicans* species are increasing globally and the distribution of *Candida* spp. varies significantly among different geographic regions and hospitals units.

Objective. We determine the distribution of *Candida* species causing candidemia at an adult level 1 Trauma Center in Brooklyn, New York and compared the trends of *Candida* species between 2005 and 2014. The results were compared with trends of US data collected in 2004 and 2012. Knowledge of the frequency of causative species would facilitate appropriate selection of empiric antifungal therapy.

Methods. We performed a retrospective chart review of patients with candidemia who were admitted in 2005 and 2014. We determined the frequency of *Candida* species and compared 2005 data with those in 2014.

Results. In total, 226 and 109 patients with candidemia were admitted to our hospital in 2005 and 2014, respectively. Although, *C. albicans* was the most common species (43% of candidemia in 2005), its frequency decreased to 33% in 2014. The frequencies of *C. glabrata* and *C. parapsilosis* increased in 2014 compared with those in 2005 (24% vs. 16% and 33% vs. 26%, respectively). Figure 1 compared the proportion of *Candida* species in Maimonides Medical Center to National data.

Figure 1



^A Hajjeh, Sofair, Harrison, et al. 2014

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** Asmundsdottir, Erlendsdottir & Gottfredsson (2013).

Conclusion. Our finding of an increase in non-*albicans* spp. causing candidemia is consistent with published reports. We saw more cases of *C. parapsilosis* compared with published data. Our results may be used to inform empiric antifungal therapy.

Disclosures. All authors: No reported disclosures.

186. Epidemiology of Invasive Fungal Disease by *Aspergillus* in a University Hospital in Santiago – Chile, During the Period 2005–2015

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Session: 44. Clinical Mycology

Thursday, October 5, 2017: 12:30 PM