Results. Involvement of the peritoneum in CM is extremely rare. Abdominal distention due to ascites is the most common presentation, and the peritoneal fluid is typically exudative. Imaging may reveal peritoneal deposits which can mimic other infections and malignancy. Diagnosis can be based on histopathological demonstration of fungal structures, cultures, antibody testing, antigen detection and/or PCR. Treatment guidelines suggest azole therapy for nonmeningeal disseminated CM with at least 6–12 months of treatment for extrapulmonary coccidioidal soft tissue infection.

Conclusion. Peritoneal CM is an extremely uncommon condition and it is even more rare in the pediatric population, but should be considered in those in the appropriate clinical settings, particularly if they have history to suggest exposure to regions where this fungus is endemic.

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704. Contemporary *Salmonella* spp. Infections in Houston, TX (2019 and 2020) and Emergence of Cephalosporin Resistance

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Background. *Salmonella* spp. Infections are a significant cause of morbidity in children in the United States. Contemporary clinical and microbiological characteristics of pediatric *Salmonella* infections in urban cities are not well described.

Methods. We used a retrospective chart review of records (0-18 years of age) from a network of hospitals (n=11) in Houston, TX. Only patients with *Salmonella* spp. isolated from clinical samples in 2019 and 2020 were included. Demographic, clinical, and microbiological data were extracted from the medical record.

Results. A total of 35 pediatric cases of *Salmonella* spp infection were identified over the two-year period. Median age was 1.6 years with over one-third (13/35, 37.1%) under one year (**Table 1**). Nearly half (15/35, 42.9%) of patients required hospitalization with a median length of stay of 2 days. From cases with available clinical data (n=31), most common symptoms were fever (22/31, 71%) and bloody diarrhea (21/31, 67.7%) (**Table 2**). Bacteremia was detected in 17.1% (6/35) of cases (**Table 3**). Exposure history was elicited in 29% (9/31) of cases with foreign travel being most common risk factor (**Table 2**). All speciated isolates were *Salmonella enterica* with the majority (24/29, 82.8%) subspecies *enterica*. Of 24 samples with serotype information, the most common was *infantis* (**Table 3**). A single isolate was resistant to all antibiotics tested except meropenem (**Table 3**) and was recovered from a patient after travel to Pakistan. Nearly half of patients (15/31, 48.4%) received definitive therapy with a third generation cephalosporin antibiotic. Complications were rare and included septic arthritis/osteomyelitis (n=1), UTI (n=3), coagulopathy (n=1), and hepatitis (n=1).

Table 1. Characteristics of pediatric patients with *Salmonella* infections

Characteristic	*Salmonella* (%, IQR)
Total	35
Median age (years)	1.6 (IQR, 0.5-5)
Age group	
<6 mos	8 (22.8)
6-12 mos	5 (14.3)
>12 mos	22 (62.9)
Gender	
Male	19 (54.3)
Female	16 (45.7)
Race	
African American/Black	5 (14.3)
Caucasian/White	12 (34.3)
Other/Unknown	18 (51.4)
Ethnicity	
Hispanic	3 (8.6)
Non-Hispanic	25 (71.4)
Unknown	7 (20.0)
Hospital admission	15 (42.9)
Median LOS	2 (IQR, 2-4)
Outpatient	20 (57.1)

Table 2. Clinical characteristics of pediatric patients with *Salmonella* infections

Characteristic	*Salmonella* (n=31) (%)
Symptom	
Fever	22 (71)
Diarrhea (bloody)	21 (67.7)
Abdominal pain	11 (35.5)
Joint pain/swelling	1 (3.2)
Exposure	
None	22 (71)
Daycare	2 (6.4)
Symptomatic	2 (6.4)
Pet/animal	2 (6.4)
Swimming	2 (6.4)
Travel	5 (16.1)
Antibiotic category (definitive)	15 (48.4)
Macrolide	3 (20)
Penicillin	3 (20)
Cephalosporin	4 (26.7)
TMP/SMX	3 (20)
Clindamycin	1 (6.7)
Carbapenems	1 (6.7)
Complications [1]	5 (16.1)
Recurrence/Readmission(n=35)	2 (5.7)

[1]Complications included Septic arthritis/osteomyelitis (n=1), UTI (n=3), Coagulopathy (n=1), hepatitis (n=1)

Table 3. Characteristics of *Salmonella* infections

Characteristic	*Salmonella* (n=35) (%)
Non speciated	6 (17.1)
Species *enterica*	29 (82.9)
Subspecies *enterica* (n=29)	24 (82.8)
Subspecies unknown	5 (17.2)
Serotype (n=24)	
Non-*typhi*	6 (17.1)
enteritidis	1 (2.9)
bredeney	1 (2.9)
oranienburg	2 (5.7)
javiana	1 (2.9)
montevideo	1 (2.9)
infantis	4 (11.4)
minnesota	1 (2.9)
gaminara	1 (2.9)
saint paul	1 (2.9)
poona	3 (8.6)
newport	1 (2.9)
braenderup	1 (2.9)
Source	
Stool	28 (80)
Blood	6 (17.1)
Urine	5 (14.3)
Tissue	1 (2.9)
Susceptibility	
Ampicillin (n=16)	2 (12.5)
TMP/SMX (n=16)	1 (6.3)
Levofloxacin (n=16)	1 (6.3)
Ciprofloxacin (n=4)	1 (25.0)
Ceftriaxone (n=8)	1 (12.5)
Cefepime (n=2)	1 (50.0)

Conclusion. *Salmonella* spp. Infections were common in the Houston metropolitan area over the 2-year period and occurred primarily in young children. Foreign travel seems to be a major risk factor for acquisition of this infection in children. For the first time, the identification of a multi-drug resistant *Salmonella* isolate suggests that this phenotype is likely to increase and highlights the importance of ongoing surveillance.

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