

Figure 2. Distribution of *Candida* species in BSI from 2017-2018

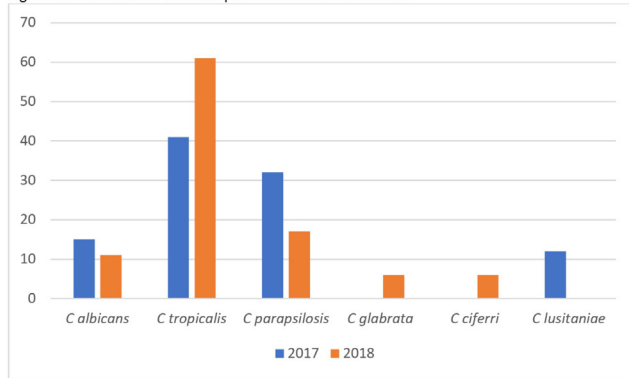


Table 1. Risk factors for Candidemia (%)

Risk factor	2017 (n=34)	2018 (n=18)
Prior antimicrobial use	94%	100%
Mechanical ventilation	91%	72%
Indwelling urinary catheter	88%	88%
Central venous catheter	88%	77%
NG	73%	83%
Corticosteroids	73%	55%
Prior admission	55%	66%
Abdominal surgery	50%	33%
Tunneled CVC	35%	38%
Colostomy	35%	33%

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

### 1693. Risk Factors Associated with Mortality of Invasive Aspergillosis in King Chulalongkorn Memorial Hospital

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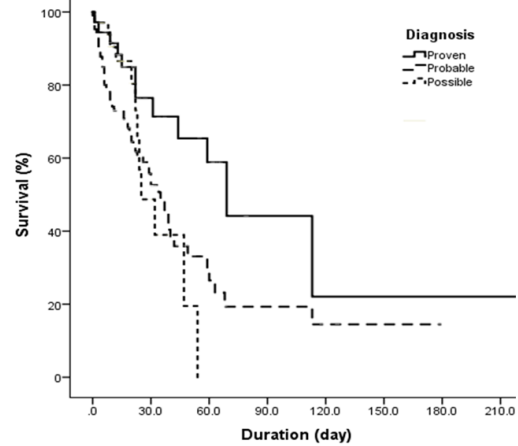
**Background.** Invasive aspergillosis is the serious fungal infection that often found in the immunocompromised host such as hematologic malignancy, bone marrow transplantation, organ transplantation, and patient who received chemotherapy. Nowadays the patient who diagnosed with invasive aspergillosis has a high mortality rate of 50–60%. There were some studies about the risk factor of mortality of invasive aspergillosis but most of them were not in Thailand. The objective of this study was to identify risk factors related to mortality and the mortality rate of invasive aspergillosis in King Chulalongkorn Memorial Hospital.

**Methods.** The retrospective study by collected and analyzed the data from medical record by ICD 10, between 1 January 2012 and 30 October 2017.

**Results.** Total patients were 176 patients; the mortality rate of invasive aspergillosis patient was 46%. The most common underlying condition was AML (27.8%). The risk of invasive aspergillosis was prolonged neutropenia (31.3%), prolonged corticosteroid therapy 27.8% and induction phase chemotherapy 22.7%. The most infection site was the pulmonary system at 80.1%, sinus 13.6%, and CNS 5.7%. The significant factor which affect the mortality rate was cirrhosis [HR 4.21, 95% CI 1.46–11.69,  $P = 0.008$ ], HIV infection/AIDS [HR 3.24, 95% CI 1.03–10.24,  $P = 0.045$ ], tracheal infection [HR 21.81, 95% CI 1.48–320.41,  $P = 0.025$ ] and empirical treatment with itraconazole [HR 11.65, 95% CI 3.14–43.17,  $P \leq 0.001$ ]

**Conclusion.** The Risk factors associated with mortality of invasive aspergillosis in King Chulalongkorn Memorial Hospital was cirrhosis, HIV infection/AIDS,

tracheal infection, and the empirical treatment with itraconazole. The overall mortality rate of invasive aspergillosis was 46%.



Kaplan-Meier survival analysis in invasive aspergillosis stratified by the EORTC/MSG diagnosis

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### 1694. Predictors of Septic Shock in Adult Patients with Candidemia: A Single-Center Experience Over 13 Years

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**Background.** Although the incidence of candidemia has been increased recently, factors associated with septic shock in adult patients with candidemia have not been well defined. We performed a study to identify septic shock risk factors.

**Methods.** This retrospective study was conducted among adult patients  $\geq 19$  years of age with candidemia who were diagnosed from 2006 to 2018 at a single tertiary care medical center. Clinical data were collected. Patients were excluded if they were noted to have concomitant bacteremia or to have received antifungal treatment  $< 5$  days.

**Results.** After application of the exclusion criteria, 46 patients (25.1%) were classified as having septic shock presentation out of 183 patients. Between the septic shock and non-septic shock patients, there were no differences regarding comorbidities. Variables associated with septic shock in the univariate analysis were non-remission of candidemia [23/46 (67.6%) vs. 100/137 (83.3%)  $P = 0.044$ ], central venous catheter [41/46 (89.1%) vs. 98/137 (67.9%)  $P = 0.005$ ], hemodialysis [12/46 (26.1%) vs. 15/137 (10.9%)  $P = 0.012$ ], neutropenia [10/46 (21.7%) vs. 14/137 (10.2%)  $P = 0.045$ ], and previous hospitalization to the intensive care unit (ICU) [24/46 (52.2%) vs. 47/137 (34.3%)  $P = 0.031$ ]. The group of other *Candida* species consisting of [*C. guilliermondii*, *C. haemulonii*, *C. famata*, *C. lusitanae*, and unknown] was more common in the septic shock patients (10.9%) than in the non-septic shock patients (1.5%),  $P = 0.004$ . The mortality of patients with septic shock was significantly higher than that of patients without septic shock [37/46 (80.4%) vs. 59/137 (43.1%)  $P < 0.001$ ]. Multivariate analysis showed central venous catheter (odds ratio [OR] 4.00, 95% confidence interval [CI] 1.12 – 14.30,  $P = 0.033$ ) and abnormal aspartate aminotransferase [AST] (OR 2.76, 95% CI 1.06 – 7.16,  $P = 0.024$ ) were significantly associated with septic shock. Presence of other *Candida* species (OR 6.78, 95% CI 0.87 – 53.03,  $P = 0.068$ ) showed borderline significance.

**Conclusion.** Our findings suggest that venous catheter and abnormal AST were significant factors associated with septic shock in adult patients with candidemia. Also, candidemia caused by other *Candida* species may need to be monitored closely for the development of septic shock presentation.

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

### 1695. Clinical and Microbiological Characterization of *Candida parapsilosis* Complex Infection in a Tertiary Care Hospital from Cali, Colombia

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**Background.** Candidemia and invasive candidiasis are major causes of morbidity and mortality among critically ill patients and neonates. Every year more than 250,000 people develop invasive candidiasis, causing more than 50,000 deaths worldwide.