

LPS ( $P = 0.003, 0.003, \text{ and } 0.039$ , respectively), R848 ( $P < 0.001, 0.039, \text{ and } <0.001$ , respectively) and ZYM ( $P = 0.039, 0.003, \text{ and } 0.003$ , respectively), as well as for MCP1 in response to R848 or ZYM ( $P = 0.039$  for both). In the cohort with CMV infection, cytokine responses to TLR ligands were even lower during the acute CMV infection when compared with the end of prophylaxis, although this was significant only for IL10 production after R848 stimulation ( $P = 0.034$ ). There was no influence of CMV viral load or duration of viremia on cytokine levels.

**Conclusion.** Response to non-CMV antigens during CMV infection was blunted supporting the clinical observation in transplant recipients that CMV infection increases susceptibility to bacterial, fungal, and other viral infections. However, inherent differences in patients that are neither directly related to CMV nor to their net level of immunosuppression also contribute to this increased susceptibility, as cytokine levels at the end of prophylaxis were lower among patients with compared with those without subsequent CMV infection.

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who were supported with total parenteral nutrition. Three patients had laparotomy that revealed extensive colonic bowel necrosis (1), perforated bowel loop (1), and a perforated appendix (1). Two out of three cases of Laparotomy were diagnosed with Mucormycosis. 30-Days mortality was 44.8% (22/49). Relapsing typhlitis in subsequent courses was observed in 6/27 (22%) patients. Fulminant Gram-negative sepsis without surgical intervention was the leading cause of death in this cohort.

**Conclusion.** The diagnosis of typhlitis was based on clinical features, supported by radiologic evidence in almost half of the study group. Surgical intervention should be reserved for specific complications or where another surgical pathologic condition cannot reasonably be ruled out. Though rare, fungal infection should be suspected specially in cases with worsening signs of typhlitis despite broad antimicrobial coverage.

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#### 1535. Utility of CT Abdomen in Evaluation of Neutropenic Fever in Patients with Hematological Malignancies

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**Session:** 151. Viruses and Bacteria in Immunocompromised Patients

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**Background.** Infections is a serious complication of severe neutropenia and is associated with significant morbidity and mortality. Pan CT scan or CT abdomen is frequently ordered to identify infection source in neutropenic fever. However, utility of CT abdomen in this clinical scenario has not been systematically analyzed.

**Methods.** We retrospectively reviewed all adults hospitalized at our institution with neutropenic fever from January 2006 to December 2016 and had CT abdomen for source identification. Demographic, clinical, imaging, and outcome data were abstracted and analyzed using descriptive statistics.

**Results.** Overall, 156 patients (61.5% males) met the study criteria. The most common underlying hematologic malignancies were leukemia in 83 (53.2%) and malignant lymphoma 46 (29.5%). Others included multiple myeloma, myelodysplasia, and benign hematological malignancies. The most common presenting symptoms, besides fever, at the time of CT abdomen were chills (33.5%), abdominal pain (23.9%), nausea (23.2%), diarrhea (20.6%), cough (19.5%), shortness of breath (12.3%), and skin rash (18.4%). Initial CT abdomen was positive in 45 (28.8%). Repeat CT abdomen was obtained in 22 (14.3%) for persistent fevers and had positive findings for infection source in 85.7%. Sources of infection identified on CT abdomen were involving gastrointestinal tract (46.7%), hepatobiliary system (24.4%), urinary tract (21.1%) and peritoneum (7.8%). In terms of microbiology, a causative organism was identified in blood in 53 (34.9%), urine in 15 (9.9%), stool in 15 (9.9%), and respiratory secretions in 8 (5.3%). Causative pathogens included Gram-positive bacteria in 30 (62.5%), Gram-negative bacteria in 23 (47.9%) and Anaerobes in 5 (10.4%) cases. CT abdomen finding resulted in antimicrobial changes in 75 (59.5%) of patients and procedural intervention in 14 patients (9.3%).

**Conclusion.** While routine use of CT abdomen for evaluation of neutropenic fevers is low yield, CT findings can help identify a source of infection, necessitating change in antimicrobial therapy or procedural intervention, in patients with abdominal symptoms or persistent fever despite broad-spectrum antimicrobial therapy.

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

#### 1536. Donor-Derived *Mycobacterium tuberculosis* Infection After Solid-Organ Transplantation: A Comprehensive Review

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**Background.** Donor derived *Mycobacterium tuberculosis* (DDTB) has occasionally been reported after solid-organ transplantation (SOT).

**Methods.** To characterize DDTB, MEDLINE OVID, and EMBASE were reviewed from inception to December 31, 2016 using key words donor-derived infection, tuberculosis and solid-organ transplant.

**Results.** A total of 36 cases of proven (17), probable (8) and possible (11) DDTB were identified among 16 lung, 13 kidney, six liver, and one heart recipient. Most patients were male (21/35, 60%); median age was 48 (range 23–68) years. Median time to DDTB was 2.7 (0.2–29) months after SOT. Donor residence in TB-endemic area (13/28, 46.4%) was common. Fever was the most frequent symptom (20/36, 56.5%). DDTB was classified as pulmonary (36%), extra-pulmonary (28%) or disseminated (36%), with common involvement of the allograft (31/36, 86%). Diagnosis was made by smear or culture (30/36, 83.3%). Three (10/24, 41.7%) or four-drug therapy (13/24, 54.2%) was given for median of 10.5 (range, 6–24) months. Graft loss, all-cause and TB-attributable mortality occurred in 18% (4/22), 25% (9/36) and 44% (4/9), respectively.

This abstract has been withdrawn at the author's request.

#### 1534. Prevalence and Outcome of Neutropenic Enterocolitis Among Pediatric Acute Myeloid Leukemia Patients: A Developing Country Experience

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**Background.** Neutropenic enterocolitis (NEC) is a life-threatening disease with substantial morbidity and mortality, seen primarily in patients with hematologic malignancies. The frequency of NEC has increased with the widespread use of chemotherapeutic agents such as the taxanes, which cause severe gastrointestinal mucositis.

**Methods.** This was a retrospective study at the National Cancer Institute, Cairo University. The computerized records were screened for ultrasound or computerized tomographic scan requests for abdominal pain for all acute myeloid pediatric inpatients (2012–2016). Retrospective case note analysis was used to collect clinical data for patients with features of Typhlitis. D 30 morbidity was reported.

**Results.** The incidence of NEC among our inpatients was 24% (49/203). Forty-three children had radiologically confirmed typhlitis, and six had clinical features alone. Most (93%) patients were profoundly neutropenic (ANC <100). All of the patients were subjected to conservative management. All of them needed ICU admission. Eighteen children had a variable period of bowel rest, including 12 patients