

Conclusion. Empiric treatment of PsA and ESBL organisms is not necessary in NF. This infection should be considered a priority target for antimicrobial stewardship to reduce prescribing of broad-spectrum antibiotics to empirically treat these organisms.

Disclosures. All Authors: No reported disclosures

1561. Recurrent Bilateral Culture Negative Abscesses Mimicking a Diabetic Foot Infection

Michael D. Liette, DPM¹; Lance Johnson, DPM¹; Peter A. Crisologo, DPM¹; Shuling Zheng, MD¹; Suhail Masadeh, DPM¹; Alan Smulian, MD¹; ¹University of Cincinnati Medical Center, Cincinnati, Ohio

Session: P-70. Skin and Soft Tissue

Background. The aim of this study is to present a novel case of recurrent bilateral culture negative pedal abscesses, mimicking a diabetic foot infection, as an extra-intestinal manifestation of previously undiagnosed ulcerative colitis. Culture negative abscesses may develop as a rare sequela of ulcerative colitis, with less than 40 cases documented within current literature. They often demonstrate a large neutrophilic predominance, negative cultures, and negative serology testing. The diagnosis was achieved utilizing a multi-specialty team approach with podiatry serving as the primary service coordinating the patient care.

Methods. Multiple incision and drainage procedures were performed with copious purulence expressed from the plantar medial pedal compartment. The patient was initiated on broad spectrum antibiotics post-operatively without a clinical response. Advanced microbiological and rheumatologic testing was performed.

Results. Serial aerobic, anaerobic, acid fast, and fungal cultures as well as 16s rDNA testing remained negative for infection throughout the admission. Rheumatologic work-up consisted of broad autoimmune serologic testing (Table 1). Greatly elevated levels of calprotectin were identified, resulting in a colonoscopy for confirmation of the diagnosis of ulcerative colitis. The patient was then placed on infliximab and has remained free of recurrent abscesses for the 15 months of follow up.

Table 1: Workup Results

Immunology/Infectious Testing	Result (Ratio)
Blood cultures, Deep Tissue/Purulence x3: Aerobic, Anaerobic, Acid-Fast, Fungal, Viral	All culture results negative (held for 14 days)
Frozen Sections 16s rDNA	Negative for evidence of bacterial DNA
Rheumatoid Factor	Negative (<10.0 IU/mL)
Anti-Cyclic Citrullin Peptide (CCP)	Negative (3 units)
pANCA	Negative (<1:20 titer)
cANCA	Negative (1:20 titer)
Antinuclear Antibody (ANA)	Positive
Antinuclear Antibody Ratio	8.88 ratio
Anti ds-DNA	Negative (32)
Anti Histone Ab	Negative (0.5 units)
Anti-Jo-1 Ab	Negative (0.28 ratio)
SCL-70 Ab	Negative (0.19 ratio)
Anti-SSA (RO)	Negative (0.04 ratio)
Anti-SSB (LA)	Negative (0.07 ratio)
Anti-Smooth Muscle (SM)	Negative (0.10 ratio)
Anticardiolipin IgM Ab	Positive (37.13 MPL)
Beta-2 Glycoprotein	Negative
HLA B27	Negative
Calprotectin	403 ug/g

Conclusion: The differential diagnosis of a culture negative abscess is broad and a multi-specialty team approach must be considered. Criteria for the diagnosis has previously been proposed and includes: deep abscess with neutrophilic features, negative serologic testing, failure of broad-spectrum antibiotic therapy, and rapid improvement on steroids or other DMARDs with subsequent radiologic evidence of abscess resolution. To our knowledge no bilateral cases have been documented within the foot.

Disclosures. All Authors: No reported disclosures

1562. Reduction in Healthcare Utilization and Overdose after Skin and Soft Tissue Infections for Injection Drug Users through Addiction Medicine Consultation

Catherine G. Bielick, MD, MSc¹; Ryan D. Knodle, MD¹; Shana Burrowes, PhD²; Tamar F. Barlam, MD, MSc¹; ¹Boston Medical Center, Jamaica Plain, Massachusetts; ²Boston University School of Medicine, Boston, Massachusetts

Session: P-70. Skin and Soft Tissue

Background. Healthcare encounters for skin and soft tissue infections (SSTIs) due to injection drug use (IDU) may provide opportunities for interventions to improve outcomes. We explored factors that may impact reduction of healthcare utilization and modify other complications of substance use disorder after an IDU-related SSTI.

Methods. We conducted a retrospective cohort chart review for 305 patients with IDU-related SSTIs between 10/1/2015 and 6/1/2019 to examine demographic, clinical and healthcare utilization data one year before and after the SSTI encounter. Patients were categorized as a low utilizer if they had < 3 emergency department encounters and as a high utilizer if they had ≥3 encounters in the one-year period before or after the SSTI. For patients that changed utilization categories from the pre- to post-SSTI period, we analyzed demographic and clinical differences using Chi Square tests. We performed a secondary analysis using a Wilcoxon test to examine the relationship between receipt of an addiction consult and change in number of overdoses after SSTI.

Results. 131 patients were low utilizers at baseline and 174 were high utilizers. Patients who transitioned from low to high utilization (64 patients) were significantly less likely to have received an addiction consult, 16 (25%), than patients who transitioned from high to low utilization, 15 (48%), p=0.03. However, high utilizers were significantly more likely to remain a high utilizer (p< 0.0001) with no variable predictive of transition to low utilization including addiction consultation, homelessness, insurance type, or treatment with medications for opioid use disorder. Patients who were low utilizers at baseline were more likely to remain low utilizers if they were not homeless, p=0.01. Of the entire sample, 96.2% (p< 0.0001) of those admitted obtained an addiction consult, which significantly reduced rates of overdose in the following year (p=0.0014) for 223 patients for which we had overdose data.

Conclusion. Patients with IDU-related SSTIs who do not receive an addiction consult are more likely to cross from low to high utilization after the event. Preferentially targeting this population for addiction consultation can significantly improve outcomes.

Disclosures. All Authors: No reported disclosures

1563. Variations in the clinical spectrum of the Streptococcus anginosus group: a report of two rare presentations

Carlos M. Zapata, MD¹; Harold A. M. Matos-Casano, MD¹; Jilan M. Shah, MD¹; Utpal M. Bhatt, MD¹; ¹Wyckoff Heights Medical Center, Woodhaven, New York

Session: P-70. Skin and Soft Tissue

Background. The Streptococcus Anginosus Group (SAG) formerly Streptococcus Milleri Group is a subgroup of viridans streptococci including S. anginosus, intermedius, and constellatus. SAG are microaerophilic digestive tract commensals. They are associated with empyema and deep organ abscesses. We present 2 unusual cases: necrotizing fasciitis and aortic valve endocarditis with aortic root abscess, resulting in septic emboli causing renal infarction.

Methods. Review of the literature and reported cases of SAG.

Results. Case 1) 48 year-old-male with history of HTN, T2DM, presented with swelling and erythema of the right arm of 2-day evolution. Exam: tender, erythematous indurated right deltoid. Significant labs: WBC 25k/uL and lactate of 2.5. CT of the RUE showed an extensive fluid collection. Vancomycin, levofloxacin and clindamycin were initiated, surgical debridement revealed extensive necrotizing fasciitis. Wound cultures grew S. constellatus. Required multiple debridement and prolonged course of penicillin G. Case 2) 53-year-old male with history of COPD, Prior Splenectomy for a large splenic infarct, heterozygous factor V Leiden mutation, HCV infection, cirrhosis, presented with right flank pain, hematuria over 5 days. Labs: WBC 16.8 k/uL, CT abdomen with contrast: right renal infarct. Heparin drip, Vancomycin and Ceftriaxone were initiated. Blood cultures grew S. anginosus. TEE revealed new aortic valve vegetations with severe aortic regurgitation. His condition deteriorated, requiring aortic valve surgery, found to have aortic root abscess requiring aortic root replacement.