had improvement or resolution of symptoms and 5/22 (23%) had no improvement of symptoms. No statistically difference in outcome was observed between the two groups (p=0.835). The majority of cases were positive for *Staphylococcus aureus* (21/37, 56.7%). Meticillin-sensitive *S. aureus* (MSSA) comprised (12/21, 57%) and Meticillin-resistant *S. aureus* (MRSA) comprised (9/21, 43%).

Conclusion. Our retrospective study demonstrated no differences in outcome observed between patients treated with antibiotics alone compared to those with anti-biotics plus surgical spinal intervention. *Staphylococcus aureus* was the most common organism. Management of patients with SEA currently remains individualized based on clinical condition, comorbidities and clinician judgment given limited literature. Proper sample collection for cultures and immediate intervention, either antibiotics only or antibiotics plus surgical interventions are crucial for better patient outcomes in SEA.

Disclosures. All Authors: No reported disclosures

238. Antimicrobial Activity of Dalbavancin against Gram-Positive Bacteria Isolated from Patients with Bone and Joint Infections from the United States (US) and Europe (2016-2020): Results from the International Dalbavancin Evaluation of Activity (IDEA) Program

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Session: P-12. Bone and Joint

Background. Bone and joint infections (BJI) comprise a series of disorders, including septic arthritis, osteomyelitis, and prosthetic joint infections. Dalbavancin (DALBA) is a lipoglycopeptide with a very long half-life that allows the treatment of serious infections with once weekly or biweekly administration. We evaluated the activity of DALBA against pathogens isolated from BJI.

Methods. A total of 798 organisms were collected from 62 US and 28 European (EU) hospitals in 2016-2020, including 503 *S. aureus*, 140 β-haemolytic streptococci (BHS), 71 coagulase-negative staphylococci (CoNS), 57 Enterococcus spp. (ESP), 22 viridans group streptococci (VGS), and 5 *S. pneumoniae*. Bacteria were identified by standard algorithms and MALDI-TOF-MS. Susceptibility testing was performed by the reference broth microdilution method in a central laboratory.

Results. Of 37 patients, 15 patients were treated with antibiotics alone, 22 with antibiotics plus surgical interventions are crucial for better patient outcomes in SEA.

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237. Evaluating Epidural Abscess Outcomes in a County Hospital with Antibiotic Therapy Alone Compared to Antibiotics and Surgical Intervention

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Session: P-12. Bone and Joint

Background. Spinal epidural abscess (SEA) remains a rare suppurative infection which bacteria invade the epidural space through contiguous spread or hematogenous dissemination. Diabetes mellitus (DM), IV drug abuse, degen-

ervative joint disease (DDJ) have been shown to confer risk for SEA. Antimicrobial therapy is critical, but literature remains less clear on surgical intervention. Primary aim for study was to evaluate outcomes with SEA when treated with antibiotics alone compared to antibiotics and surgical intervention at our county hospital.

Methods. A retrospective case series assessed patients 18 years or older at our county hospital with SEA consulted by infectious disease from 7/2009 to 7/2018. Data collected included demographics, social history (IVDA, alcohol abuse, homelessness), and microbiology results. Physician review of records determined if outcomes of SEA demonstrated improvement of symptoms compared to no improvement of symptoms.

Results. Of 37 patients, 15 patients were treated with antibiotics alone, 22 with antibiotics plus surgical spinal intervention. Of patients treated with antibiotics alone, 12/15 (80%) had improvement of symptoms and 3/15 (20%) had no improvement of symptoms. Those treated with antibiotics plus surgical intervention, 17/22 (77%)