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NONTUBERCULOUS MYCOBACTERIAL (NTM) INFECTIONS AMONG HEMATOPOIETIC CELL TRANSPLANT (HCT) RECIPIENTS (A1), Michelle Yu, Jane Kriengkauykiat, Molly Panasantikul, Sanjeet Dadwal, James Ito. City of Hope, Duarte, CA (myu@coh.org) IRB approval received.

HCT recipients are at greater risk of NTM infections due to their immunocompromised state as a result of underlying diseases, chemotherapy, immunosuppressant and graft-versus-host-disease (GvHD). The objective is to better assess the incidence, epidemiology and clinical outcomes associated with development of NTM infections including pulmonary, blood stream, and cutaneous involvement. This is a single center, retrospective descriptive analysis. Medical records from 1986 to 2006 were used to identify positive cultures. Demographic, co-morbidity, transplant status, steroid use, as well as data on clinical course were collected from medical charts, laboratory records, and the electronic records system. Patients with HIV, AIDS-related malignancy, and those seen once without subsequent follow-up were excluded. Preliminary results identified 21 patients with active infections: 7 pulmonary, 8 blood stream and 6 cutaneous. *M. fortuitum* was the predominant isolate in

blood stream infections. *M. avium-intracellulare* and *M. xenopi* infections were only observed in the pulmonary group and occurred more frequently in allogeneic HCT patients compared to autologous HCT patients. The majority of patients (18/21) had complete or partial response to treatment. In addition, the majority of patients with positive NTM cultures have a history of steroid use (64%, 21/33) and radiation in the conditioning regimen (64%, 21/33). Final results and conclusions will be presented.