A 64-year-old female with primarily diagnosed small cell lung cancer was referred to our department for positron emission tomography (PET)/computed tomography work-up with $^{18}$F$\text{FDG}$ and $^{68}$Ga$\text{Pentixafor}$, a radiotracer for CXC-motif chemokine receptor 4, with the latter being performed on a compassionate use basis in compliance with Section 37 of the Declaration of Helsinki, the German Medicinal Products Act, AMG Section 13 2b, and in accordance with the responsible regulatory body (Regierung von Oberfranken) to check for a potential therapeutic option in this patient. Diagnosis had been established 4 weeks earlier when the patient presented to the emergency room with new-onset aphasia (word retrieval). Cerebral magnetic resonance imaging revealed a contrast-enhancing mass in the left temporal region, which was histopathologically confirmed as small cell lung cancer metastasis.

The day after brain surgery, the patient experienced acute ischemic stroke in the right posterior cerebral artery territory. At the day of presentation to our nuclear medicine department, she reported on recovering hemianopia, and no other neurological symptoms could be recorded.

Concerning the suspected lung carcinoma, both PET modalities visualized a solitary lesion in the upper lobe of the right lung, highly consistent with the suspected primary (Figure 1). In the central nervous system, however, imaging with $^{18}$F$\text{FDG}$-PET demonstrated markedly reduced glucose metabolism in the infarction area, whereas CXC-motif chemokine receptor 4–directed PET visualized concordantly increased receptor expression (Figure 2).


**Disclosures**

Dr Wester is the founder and shareholder of Scintomics. S. Kropf is CEO of Scintomics. The other authors report no conflicts.

**References**


**Keywords**

aphasia ■ CXCR4 ■ positron emission tomography ■ small cell lung carcinoma ■ stroke

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Figure 1. Display of representative axial slices of computed tomography ([CT], A) and [18F]FDG- (B) and CXCR4 (C)-directed positron emission tomography (PET). All modalities present a pulmonary lesion in the right upper lobe, highly consistent with lung cancer. CXCR indicates CXC-motif chemokine receptor.

Figure 2. Cerebral magnetic resonance imaging (cMRI) at day 2 after brain surgery shows demarcation of right posterior ischemia with corresponding changes in diffusion-weighted images (A, b value =1000 s/mm²) and apparent diffusion coefficient values (B). [18F]FDG-PET demonstrates significantly reduced tracer uptake in the infarction area (C). In contrast, [68Ga]Pentixafor-PET (one day later) visualizes upregulation of CXCR4 (D, Inset; maximum intensity projection; standardized uptake value max =4.08 versus standardized uptake value mediastinal bloodpool =1.62), which correlates with cMRI changes (E, DWI/PET fusion). CXCR indicates CXC-motif chemokine receptor; DWI, diffusion-weighted image; and PET, positron emission tomography.
[\textsuperscript{68}Ga]Pentixafor–Positron Emission Tomography/Computed Tomography Detects Chemokine Receptor CXCR4 Expression After Ischemic Stroke

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