**Introduction:**
Ipilimumab is a monoclonal antibody that blocks cytotoxic T-lymphocyte antigen 4 (CTLA4) resulting in T-cell activation and antitumor response. It is now licensed for the treatment of non resectable or metastatic malignant melanoma. It generates autoimmunity resulting in various immune related adverse events. Endocrine immune related adverse events include: autoimmune hypophysitis (0-17%), thyroid disease (0.3-2.7%), adrenal disease (2.1%). Most patients develop symptoms of hypopituitarism after the third dose (66%) suggesting cumulative effect.

**Case History:**
67 years old man, known case of metastatic malignant melanoma on Ipilimumab therapy presented one week after his third cycle of therapy with postural dizziness, fatigue, headache and nausea. On examination: He was lethargic. Bp: 100/60 with postural drop. Otherwise examination was unremarkable.

Blood tests:
- Serum sodium: 115 mmol/L
- Serum potassium: 4.1 mmol/L
- Urea: 4.4 mmol/L
- Creatinine: 114 mmol/L

**Diagnosis:** Ipilimumab induced-hypophysitis
Patient received pituitary replacement hormones: hydrocortisone, thyroxine and testosterone. His symptoms of lethargy and dizziness improved and his sodium normalized.

**Highlights:**
- High index of clinical suspicion of hypopituitarism in patients on ipilimumab.
- Complete hormonal screening and electrolytes before the beginning of therapy is suggested.
- A new hormonal workup after completing the fourth cycle of the drug unless symptoms appear before that.