The degree of hyperprolactinaemia shows its potential aetiology: prolactin (PRL) values between 20-40ng/mL suggest a functional hyperprolactinaemia, 40-100ng/mL a possible hypothalamic-pituitary (HT-HF) organic lesion excepting prolactinoma; 100-200ng/mL a microprolactinoma and >200ng/mL a macroprolactinoma. Our aim was to study the distribution of aetiology, clinical picture and imagistic findings in hyperprolactinemas according to PRL level. Material and methods. We included in the study 152 patients diagnosed with hyperprolactinaemia in our clinic during 2008-2011. In all enrolled patients with PRL>40ng/mL a CT-scan or MRI of the HT-HF region was available. Results. The cohort consisted of 26 microprolactinomas (17.1%, mean diameter Ø: 5.7±1.8mm), 10 macroprolactinomas (6.5%, Ø: 28.8±10mm), 25 other organic HT-HF-lesions (16.4%), and 91 functional hyperprolactinaemias (59.8%). Mean PRL level of the microprolactinoma group was 148±85ng/mL (min-max:78.3-371.6), that of the macroprolactinoma group 245.4±94.7ng/mL (min-max:108.9-435.5), in other HT-HF lesions 42.8±22.5ng/mL (min-max:18.8-104.5), and in functional hyperprolactinaemias 39.92±24.1ng/mL (min-max:15.7-150.5). PRL value has not fitted with the classical evaluation criteria in 37.8% of the whole cohort, i.e. in 35% of microprolactinomas, 20% of macroprolactinomas, 60% of other HT-HF lesions and 36% of functional hyperprolactinaemias. Conclusions. The mean PRL levels of different aetiological groups having hyperprolactinaemia are situated within the classical evaluation range, however important overlaps exist between these groups, especially in the HT-HF organic lesion and functional hyperprolactinaemia patients. So, in case of PRL level between 20-100ng/mL both aetiologies must be taken into account. No linear correlation could be demonstrated between the level of PRL and the size of prolactinoma.