Antiphychotic drugs can induce hyperprolactinemia. We would like to present a woman who suffered schizophrenia from age of 25 y.o. Since diagnosis statement she took cyclodol and clopixol at different doses. After 2 years of antipsychotic treatment (27 y.o.) her menses stopped and galactorhea appeared however any investigation had not been done, she continued drugs intake. At age 45 years she noticed vision disturbances, so visual fields was investigated: bitemporal hemianopsia was revealed. Brain MRI: macroadenoma 32?36?33mm (19,008 mm3) with supra-laterto-infrasellar extension, suprasellar cistern and pituitary stalk were not visualized, deformation of the chiasma and bottom of the third ventricle. Initial prolactin levels were 3700 mU/l (120-540) however after sera dilution prolactin level was 156,300 mU/l (“hook” phenomena). Cabergoline 4 mg/weekly was started. After three months of treatment she reported visual improvement, prolactin levels 63,700 mU/l. After 12 months of treatment: normal visual fields, prolactin levels 13,210 mU/l, brain MRI: tumor size 24?27?26mm (8424 mm3) with supra-laterosellar extension without infrasellar component; suprasellar cistern and pituitary stalk were partly visualized, no deformation of the chiasma and the bottom of the third ventricle. On the cabergoline treatment she had no worsening of schizophrenia. It is difficult to suppose when macroprolactinoma started to grow however absence of clinical symptoms before antipsychotics could be consider as a sign of normoprolactinemia. This case demonstrates that prolactin levels should be monitored during prolactinstimulating treatment at least in case of menstrual disorders. In this case of antipsychotic induced prolactinoma cabergoline treatment in high doses was safe and effective with considerable tumor shrinkage.