mmol/kg) and a basal cortisol (5 µg/dL n: 3.7 - 19.4 µg/dL). Hypophysitis was suspected and a pituitary profile revealed low somatomedin C (25 ng/ml n: 54 204 ng/ml), FSH (20.6 UI/L n: 26.7 -133.4 UI/L), and strikingly elevated ACTH (91.9 pg/mL n: 4.7 - 48.5 pg/mL). Pituitary MRI had no structural anomaly. A diagnosis of hypophysitis and primary adrenal insufficiency secondary to adrenalitis due to the use of immunotherapy was made. The compromise of the gonadotropic and somatotropic axis with a normal image can occur in up to 23% of patients with this clinical entity. The patient had significant clinical improvement with glucocorticoid and mineralocorticoid replacement. **Conclusions:** To our knowledge this is the first reported case of hypophysitis and adrenalitis secondary to immunotherapy. Hypophysitis has a prevalence up to 8% with the combination of ipilimumab plus nivolumab. It should be considered despite a normal pituitary MRI. However, adrenalitis associated with the use of these drugs has only been reported in 2.6% and the coexistence of both entities is even rarer

Presentation: No date and time listed

Abstract citation ID: bvac150.089

Adrenal

LBODP013

Hypophysitis And Adrenalitis Associated With The Use Of Immunotherapy "clinical Case Report"

Andres Felipe Garcia Ramos, Md[1], Juanita Gonzalez, MD[1], Laura Valentina Estupiñan Vargas, MD[1], Hernando Vargas, MD[1], Daisy Buenaventura, MD[1], Claudia Monsalve, MD[1], Jose Luis Torres, MD[2], Nestor Alfonso Lopez Pompey, MD[3], Alex Ramirez, MD[1], Franco Vallejo Garcia, MD[4], Carolina Aguilar, MD[2], and Natalia Aristizabal, MD[2]

[1]UNIVERSIDAD PONTIFICIA BOLIVARIANA MEDELLN, Medellin, Colombia[2]CLINICA LAS AMERICAS AUNA, Medellin, Colombia[3]Hospital San Vicente Fundacin Rionegro, Rionegro Antioquia, Colombia; [4]Delmont Medical Care, Baltimore, MD, USA

Background: we present a case of hypophysitis with gonadotropic and somatotropic axis compromise and adrenalitis secondary to the use of nivolumab and ipilimumab. **Clinical Case:** A 74-year-old woman with a history of metastatic renal cell carcinoma treated with ipilimumab and nivolumab for 10 months, suspended treatment due to pneumonitis. Three months later, she consulted the emergency department due to limitations in daily activities, asthenia, and drowsiness. physical examination was unremarkable except for hypotension. Laboratory studies showed profound hyponatremia (106 mEq/l, n: 135 a 145 mEq/l), low serum osmolality (236 mmol/kg n: 275 - 295