PCOS is an endocrine and metabolic condition whose diagnostic and therapeutic management is often difficult, particularly during adolescence. Some physiological aspects of puberty, such as oligoamenorrhea or insulin-resistance, can indeed easily overlap with some signs and symptoms of PCOS. A correct diagnosis of PCOS in adolescents needs the presence of all three criteria of the Androgen Excess Society: hyperandrogenism, oligoamenorrhea, and polycystic ovaries on ultrasound. The risk of these girls of developing a metabolic syndrome, type 2 diabetes mellitus, hepatic steatosis, non-alcoholic steato-hepatitis, hypertension, and cardiovascular disease in adulthood rates 4-5 fold higher. The importance of early diagnosis and treatment is to control properly body weight, hyperandrogenism, and insulin-resistance, in order to prevent these complications later in life. Particular relevance is recently taking the psychological aspect of PCOS: the prevalence of depression and anxiety in PCOS adolescents is 29-50%. The diagnostic management includes: family and personal history, lifestyle and dietary habits, characters of menstrual cycles, LH, FSH, FT, 17-OH-P, DHEA, DHEA-S, PRL, SHBG, total cholesterol and triglycerides serum level; Oral Glucose Tolerance Test; pelvic and hepatic ultrasound. The therapeutic approach may be individualized and chosen based on the endocrine-metabolic pattern and clinical aspects. First-line treatment in overweight or obese PCOS adolescents is diet and physical activity; Myo-inositol plus D-Chiro-Inositol is used to improve insulin-resistance, the irregularity of menstrual cycle, and clinical symptoms. Pharmacological treatment includes metformin, which improves weight loss. Treatment with oral contraceptives and/or anti-androgens are useful when patients are symptomatic. Finally, must not be neglected the need for these patients to psychological support.