Progressive symmetric erythrokeratoderma (PSEK) represents a group of rare genetic skin disorders characterized by well-demarcated plaques of reddened, dry, and thickened skin. Typically, these lesions are distributed symmetrically on the body and tend to slowly expand and progress over time. The severity and progression of the disorder can vary greatly from one person to another, even among members of the same family. In some families, PSEK can be part of the clinical spectrum of other rare skin disorders, such as erythrokeratodermia variabilis or loricrin keratoderma. In the majority, the molecular cause of PSEKis not known. The symptoms of PSEK usually develop shortly after birth or during the first year of life. Infants develop reddened plaques of thickened, rough and/or scaly skin, especially on the face, buttocks, arms and legs. Over time, these lesions can cover large areas of the body. The distribution of these lesions is almost perfectly symmetrical, meaning the size, shape and location of the lesions are extremely similar on both sides of the body. These plaques are slowly progressive increasing in number and size throughout early childhood before either stabilizing or disappearing sometime later during life. Rarely, waxing and waning may occur. In some cases, the chest and abdomen may become involved. Abnormally thickened or calloused skin on the palms and soles (palmoplantar keratoderma) is not uncommon. PSEK affects males and females in equal numbers. The prevalence of the disorder in the general population is unknown. The disorder was first described by Darier in 1911. Since then, fewer than 100 cases have been described in the medical literature. A diagnosis of PSEK is made based upon identification of characteristic symptoms, a detailed patient history, a thorough clinical evaluation and specialized tests including genetic testing or surgical removal (biopsy) and microscopic evaluation of affected tissue.