21-year-old man presented with a 10-year history of playing baseball as an infielder other than first baseman, and a 3-year history of sharp pain and cyanosis in the index and middle fingers of the left hand during games, but no history of disease or previous hand injury. He used his left hand for both catching and batting. He had calluses on his left palm from bat swinging and ball catching and he had numbness, coolness and reddish skin on his left index finger (Figure A). Digital subtraction angiography showed avascular–hypovascular areas at the tips of the index and middle fingers, multiple occlusions of the proper digital arteries without typical collateralization around the area of occlusions, and no stenosis or occlusion of the radial, ulnar, palmar arch or common palmar digital arteries of the left hand (Figure B; Movie S1). Other arteries, including the right digital arteries, also had no stenosis or occlusion. A callus of the hand is caused by repetitive external stimulus. Hence, it would be expected that the blood flow on the side with calluses is less than on the side with no callus or less calluses. In the present case, however, an association between the presence of calluses and blood flow was not clear. Further study is needed to confirm the relationship between the presence of callus and blood flow in the hands of baseball players. We did not measure perfusion parameters in this case. Measurement of perfusion parameters would enable specific confirmation of arterial blood flow in the hand in baseball players.

Disclosures
The authors declare no conflict of interest.

Supplementary Files
Supplementary File 1
Movie S1. Digital subtraction angiography of left palmar arch and digits.
Please find supplementary file(s);