**FIG. 4:** Radiograph of volar aspect of the wrist of a 24-year-old woman with extensive VM demonstrates numerous phleboliths (arrowhead).

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FIG. 6: A 62-year-old man with repeated hemarthroses of the left knee.

A: Coronal T₁-weighted magnetic resonance image (MRI), spin-echo sequence, demonstrates nidus of AVM with flow void (arrow).

B: T₂-weighted spin-echo fat-saturated image in sagittal projection, shows AVM (open arrow) lying between suprapatellar bursa and quadriceps tendon.

C: Arteriogram of superior medial genicular artery demonstrates dilated feeding artery (curved arrow) feeding the nidus (straight arrow) with early draining veins (open arrow).

D: Postembolization angiogram demonstrates superior medial genicular artery (black arrow) with distal amputation and almost complete obliteration of the nidus. The embolization was performed with 250–350 µm polyvinyl alcohol particles.

FIG. 7: A 16-year-old male, an avid pianist, who developed painful swelling over the second metacarpophalangeal joint. There was no definite history of trauma.

A: Downhill brachial arteriogram demonstrates AVM overlying the second metacarpophalangeal joint, with aneurysms (curved arrow) in feeding a metacarpal artery and dilated veins (straight arrow), filling early in the arterial phase because of shunting.

B: Real-time radiograph shows direct puncture of dilated vein with a 22-gauge angiocath and direct injection of N-butylcyanoacrylate (NBCA) glue into the veins. A suprasystolic tourniquet was applied to the forearm before embolization.

C: Final digital subtraction angiogram shows almost complete obliteration of the AVM with good distal filling of normal vessels.