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.