

## Editorial Note on Brain Aneurysm

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### EDITORIAL NOTE

A cerebral aneurysm (also known as a brain aneurysm) is a weakness in a blood vessel in the brain that balloons or bulges out and fills with blood. The bulging aneurysm can put pressure on the nerves or brain tissue. It may also burst or rupture, spilling blood into the surrounding tissue (called a hemorrhage). A ruptured aneurysm can cause serious health problems such as hemorrhagic stroke, brain damage, coma, and even death. But there are some cerebral aneurysms, particularly those that are very small that do not bleed or cause other problems. These types of aneurysms are usually detected during imaging tests for other medical conditions. Cerebral aneurysms can occur anywhere in the brain, but most form in the major arteries along the base of the skull.

Brain aneurysms can occur in anyone and at any age. They are most common in adults between the ages of 30 and 60 and are more common in women than in men. People with certain inherited disorders are also at higher risk.

All cerebral aneurysms have the potential to rupture and cause bleeding within the brain or surrounding area. Approximately 30,000 Americans per year suffer a brain aneurysm rupture. Much less is known about how many people have cerebral aneurysms, since they don't always cause symptoms. There are no proven statistics but a consensus of scientific papers indicates that between 3 and 5 percent of Americans may have an aneurysm in their lifetime.

Most Cerebral aneurysms do not show symptoms until they either become very large or rupture. Small unchanging aneurysms generally will not produce symptoms. The Unruptured aneurysm that is steadily growing may put pressure on tissues and nerves causing pain above and behind the eye, weakness, numbness, paralysis on one side of the face, a dilated pupil in the eye, double vision while the Ruptured aneurysm when it ruptures (bursts), one always experiences a sudden and extremely severe headache (e.g., the worst headache of one's life) and may also develop: double vision, nausea, vomiting, stiff neck, sensitivity to light, seizures, loss

of consciousness, cardiac arrest. Sometimes an aneurysm may leak a small amount of blood into the brain (called a sentinel bleed). Sentinel or warning headaches may result from an aneurysm that suffers a tiny leak, days or weeks prior to a significant rupture. However, only a minority of individuals have a sentinel headache prior to rupture.

There are three types of cerebral aneurysm namely Saccular aneurysm, Fusiform aneurysm and Mycotic aneurysm and these aneurysms are also classified by size whether they are small, large, and giant.

The cause of the cerebral aneurysm is due to walls of arteries becoming thin and weak. These aneurysms typically form at branch points in arteries because these sections are the weakest. Occasionally, cerebral aneurysms may be present from birth, usually resulting from an abnormality in an artery wall. Sometimes cerebral aneurysms are the result of inherited risk factors, including: genetic connective tissue disorders that weaken artery walls, polycystic kidney disease (in which numerous cysts form in the kidneys), arteriovenous malformations (snarled tangles of arteries and veins in the brain that disrupt blood flow. Some AVMs develop sporadically, or on their own.), history of aneurysm in a first-degree family member (child, sibling, or parent). Other risk factors develop over time and include: untreated high blood pressure, cigarette smoking, drug abuse, especially cocaine or amphetamines, which raise blood pressure to dangerous levels. Intravenous drug abuse is a cause of infectious mycotic aneurysms, age over 40.

Not all cerebral aneurysms require treatment. Some very small unruptured aneurysms that are not associated with any factors suggesting a higher risk of rupture may be safely left alone and monitored with MRA or CTA to detect any growth. It is important to aggressively treat any coexisting medical problems and risk factors. Surgery, endovascular treatments, or other therapies are often recommended to manage symptoms and prevent damage from unruptured and ruptured aneurysms.

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