

The Popping Sensation She Felt In Her Head Was the First Sign of an Aneurysm

healthline, by **Cathy Cassata**

It was a typical Saturday afternoon in January for 65-year-old Peggi Wegener as she enjoyed one of her favorite pastimes, crocheting. However, the day took a turn when she suddenly experienced a “popping” sensation in her head.

“When I looked up, I had double vision and remember thinking, ‘Wow, that’s really weird,’” she told Healthline.

At first, she thought it might be related to the one contact she wore to enhance her distance vision, but she quickly began to worry that she might be experiencing a stroke. After she found her way to the bathroom, she examined her face looking for signs of stroke.

“The feeling didn’t last a long time, but it lasted long enough for me to end up sitting down on top of the toilet and just kind of sitting there thinking, ‘What is happening? What is going on? It cleared, and so again, I kind of sat there thinking, ‘Do I feel okay? Does anything hurt?’”

Because the sensation passed, Wegener moved on with her day. The next morning, she woke up with a headache but went to church as usual. Her headache continued to get worse, and when she got home, she felt queasy. She decided to call her brother, a retired primary care physician.

“Whenever I call him, he usually does the typical ‘Ahuh, ahuh. Just go to your primary care doctor tomorrow’ like no big deal... This time, I tell him, and he says, ‘You need to go to the emergency room right now,’” said Wegener.

How an aneurysm diagnosis ignited self-advocacy

By the time Wegener arrived at the ER, her headache had intensified. She stayed overnight and underwent several tests, including an MRI, which discovered an aneurysm.

“The word aneurysm is scary to me. I don’t know much about it, but my colleague’s 20-something son suddenly died of an an-

eurysm that ruptured,” she said.

Unlike Wegener’s case, the majority of aneurysms often show no symptoms and are discovered by accident when medical workups for unrelated causes are performed, said Dimitri Laurent, MD, an endovascular neurosurgeon at Norton Neuroscience Institute.

However, he said subarachnoid hemorrhage (a bleed into the space around the brain) may be the first presentation of a brain aneurysm.

Signs of subarachnoid hemorrhage include:

- severe headache
- neck stiffness
- seizure
- loss of consciousness

“When aneurysms grow to a large size, they may cause compression on the surrounding brain and cranial nerves. Symptoms are dependent on the aneurysm location and the critical structures that are affected. This can result in double vision, restricted eye movements, gait instability, difficulty with speech or swallowing,” Laurent told Healthline.

Similar to Wegener, many people describe feeling a “pop” at the onset of the headache due to the subarachnoid hemorrhage, said Patrick Youssef, MD, a neurosurgeon at The Ohio State University Wexner Medical Center.

“This can then be followed by nausea, vomiting, double vision, or loss of consciousness,” he told Healthline. “The headache can persist long after the aneurysm is treated and the patient is stabilized.”

After learning about her aneurysm, Wegener was discharged from the hospital and told to follow up with a cardiologist, stroke clinic, and endovascular surgeon, who had a 5-week waiting time.

With some help from her brother, she advocated to get into the endovascular surgeon sooner.

The support of her adult children also inspired her to push for proper treatment.

“All I have is a word that is scary, and I have my child staying with me, and so...every night I would go to bed saying, ‘Please do not let me die and my child have to find me,’” she said.

A week after seeing the endovascular surgeon, Wegener underwent surgery in February 2024 with a Medtronic Pipeline device that is a neurovascular stent designed to divert blood flow away from the aneurysm through a minimally invasive procedure. The device was paired with endovascular coils, which are also designed to prevent blood flow into the aneurysm.

“The basic process of aneurysm treatment involves elimination of the aneurysm from the normal arterial flow. Essentially, if blood cannot enter the aneurysm, then the aneurysm cannot rupture and bleed,” said Youssef.

In addition to flow diversion and flow disruption treatment options like Wegener underwent, he said there are a variety of methods to treat aneurysms, including open surgical procedures such as clipping or bypass and sacrifice of the diseased blood vessel.

“This would involve a craniotomy and surgical procedure. The advantage to open surgical procedures is if there is a space occupying hemorrhage, this can be evacuated at the same time to relieve pressure from the brain,” said Youssef.

He noted that endovascular treatment options are less invasive and can be performed with a needle puncture in the femoral or radial artery.

“These procedures include coiling of the aneurysm by placing platinum coils inside the aneurysm to fill it. This can be balloon or stent-assisted as needed based on the vascular anatomy,” Youssef said.

When Wegener woke up from her surgery, she was surprised she didn’t experience much pain.

“Normally, you wake up from surgery, and you’re real clear that you had surgery, and the only thing was I had a headache,” she said.

She was also elated when her doctor told her she didn’t have any limita-

tions and could resume life as usual.

“I’m like, OK, I had this thing in my brain that could potentially kill me, but I can now do anything I want?” she said. “It is amazing and I did go back doing anything I wanted.”

After surgery, she took a blood thinner for three months, followed up with her doctor, and will continue to receive screenings going forward.

“This is sounding like an ongoing thing, but at the end of the day, I’m gonna live my life like I’m not gonna sit around and wait to die,” said Wegener.

Living life with gratitude and resilience

About **1 in 50** people in the United States have an unruptured brain aneurysm.

“With an estimated 2% of the population having a brain aneurysm, most of whom are unaware, this means that someone you know probably has a brain aneurysm,” said Laurent.

While aneurysms are often termed “ticking time bombs” as if they are a disaster waiting to happen, **he said the majority of brain aneurysms do not rupture.**

“The goal is to identify those aneurysms at high risk of rupture and treat them before such an event occurs,” he said.

Ways to reduce the risk of an aneurysm are to avoid activities and lifestyle choices that could damage your blood vessels, such as smoking and illicit drug use, atherosclerosis (plaque buildup on the walls of blood vessels), having uncontrolled high blood pressure, and being overweight or obese.

However, some people may have a family history of brain aneurysms or may have been born with a weakness in the walls of the blood vessels, which puts them at risk for aneurysm.

“To know that it can be found and can be repaired and you can resume your life, it’s just remarkable...to be able to take a little of the fear out of hearing the word,” she said.