

The year was 1992 and I felt on top of the world. Three years earlier I had earned my Ph.D. in Applied Mathematics at age 26 and had started a promising research career with an appointment at a prestigious research institution in Southern California. I was in perfect health living a very active lifestyle. I had recently married an attractive woman and had just bought us our first home. Nothing seemed impossible. I had already earned the respect and admiration of nearly every person I knew. It seemed I could obtain anything I wanted and I was feeling like a true pioneer, not just for having left my native country in search of a more rewarding existence, but also for being successful in demonstrating innovative concepts in the fields of climate research and scientific computing. No one had predicted I would be this successful so early in my life and nobody had the faintest idea what would follow. Life was smiling at me and I was smiling back.

It seems silly that a well educated, health conscious, financially comfortable person would neglect his dental health to the point of eventually becoming nearly edentulous (i.e., not having teeth), but this is what happened to me. It would be easy to direct the blame at the dental HMO dentists who seemed to never have heard about crowns and bridges or about any treatment for which the reimbursement they would get from the insurance companies is not worth their while. Nearly every time a tooth was in need of repair, the dentist would write XB (which stands for extraction) on my chart. Yet, the truth of the matter is I can only blame myself for letting my situation deteriorate to the point that it did.

In the beginning, missing a few teeth didn't seem like a big deal. I could always masticate on the other side. People didn't know about it because the missing teeth didn't affect my smile. However, as more extractions took place over the years, their impact on my existence became undeniable. My food choices became increasingly restricted and poor nutrition obviously ensued. I had always been very thin, at least by US standards, but my weight gradually dropped by about 25% over a decade. A profound depression accompanied the weight loss and my ability to function at work was severely limited. I almost completely abandoned traveling to scientific meetings because I was embarrassed by my physical appearance. Besides, each time I traveled I would come back one or two pounds lighter as I was finding it nearly impossible to feed myself away from home. I had lost all my upper teeth and five of my lower teeth. I don't know how I managed to continue my professional career. In fact, I even got a better job at another prestigious research lab, this time in the Washington DC area. However, the reality is I was functioning at about 10% of my abilities. By the time I turned 40 in 2003, I had lost all my hopes and ambitions. It seemed likely I would never make it to my sixtiest birthday.

Because I couldn't bear the idea of living with a denture, I was subsisting on an essentially liquid diet. I had made some timid inquiries about dental implants with the dentists who had performed the extractions, but they had completely ruled out the possibility citing the facts that my bone structure is too weak to support implants and that even if it were not, the cost of restoring my mouth with implants would nearly bankrupt me at about \$6,000 a piece. Fortunately, even though I had lost all hopes, my wife

hadn't. She made further inquiries on my behalf and I ended up in the Bethesda, MD office of Dr. Eskow, an oral surgeon/periodontist who specializes in dental implant placement. He and Dr. Shafie, the implantologist whom Dr. Eskow referred me to in Washington, DC, helped me see the light at the end of the tunnel.

As the two doctors explained to me, even though restoring my mouth by substituting a dental implant for each missing tooth would take a risky surgical procedure to rebuild my jawbones with graft material taken from my hips (which would put me at a high risk of suffering future hip fractures), there is another, gentler, nearly an order of magnitude more affordable way of restoring my oral function. Indeed, I could let Dr. Eskow strategically place a few dental implants at the locations where there was sufficient bone left to support them. Dr. Shafie could append extra radicular attachments (ERAs) manufactured by SternGold Dental, to the implants. These resilient attachments and the accompanying SternGold abutments and shock absorbers would be the basis for an implant supported prosthesis. You can guess that this is the approach I chose. Just four implants were used to replace all my upper teeth. The attachment-abutment system supports the fixed prosthesis which has completely restored my upper dental function. The shock absorbers are designed to break if the masticary forces are too strong, so as not to endanger the fragile bone supporting the implants. Five more individual implants, also complemented by the SternGold attachment-abutment system, were used to support the crowns that now replace my five missing lower teeth.

Because I was saving so much money with the ERA system when comparing to the alternative approach involving hipbone grafting, I allowed myself the luxury of topping my remaining lower teeth with porcelain veneers. The result is a more aesthetically pleasing mouth than I ever had before I started losing my teeth. I can eat anything I want and I have regained every pound lost to poor nutrition in the last decade. The depression has lifted and I have indulged the remaining portion of my savings over the alternative approach into a 350HP sport car which I enjoy to its fullest. The idea of not living to be 60 no longer crosses my mind. Rather, I am basing my retirement planning on the assumption that I'll live to be 100. Professionally, I am once again a leader in my field. Life is smiling at me again and I'm happy to grin back with a better looking smile than you would see on the face of most Hollywood celebrities. Once again, I am on top of the world.

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