John Damiano’s 11 Year Journey to Dentistry

At my 1978 high school commencement, I sat on the auditorium stage among my classmates. LaFayette, NY, is a very small rural hamlet south of Syracuse. In school, I excelled academically, ranking in the top five, and musically as a trumpeter in the school band. I stayed physically fit as a member of the football team, ran several miles daily on country roads near the school, participated in many oratorical contests, held a part-time job at a larger grocery store, and performed a magic show at many venues for audiences large and small.

In spite of perhaps the oratorical contests and the magic shows, I admit there wasn’t much about me that would distinguish me from the other graduates, with two major exceptions.

One day in middle school, I revealed to the school band director that someday I wanted to follow in my father's footsteps (Richard Damiano, DEN McGill, 1960) into dentistry. The band teacher was my father’s patient and announced my resolve to my peers during rehearsal. From that point forward, I felt like there was no turning back. It was a very small community where everyone knew each other, mostly since kindergarten. For decades, only one dentist was practicing in LaFayette. It was an unprecedented, unusual calling that defined me throughout my high school experience.

The other thing that made me an exception among my classmates was that I was sitting among them on the stage during that ceremony. I had been released from the hospital just two days before graduation after being an inpatient for the prior three weeks, recovering from a botched major neurosurgery I had on June 1st. I sat in the front row. Being mostly hairless still, having an exposed cranial surgical scar, and dealing with a severe limp I didn’t have at the end of senior year made me truly stand out from my peers. Neither I nor my classmates nor their families in the auditorium were aware of what the principal had in store for us.

Immediately after I received a plaque from the VFW for my winning participation in their oratorical contests, the principal announced that he wanted to read the college acceptance letter for a member of the Class of 1978. From the podium, he read the letter that CWRU director of admissions, the late Phil Aftoora, had sent to me, congratulating me on being accepted into the 6-year accelerated dental program for the class of 1984. The entire audience gave a thunderous standing ovation on a level generally reserved for a hero.

Evidently, only 10 students per year were offered seats in that program, which conferred a Bachelor of Science degree upon successful completion of the first two undergraduate years and a DDS after the traditional four years of dental education.

I learned about the 6-year program when, in my junior year, I received a marketing brochure in the mail advertising Case Western Reserve University's undergraduate programs. I immediately made it my mission to take this educational pathway to a career in dentistry. I would be only 23 ½ years old upon graduation, which now seems far too young to practice dentistry.

I was born with a very mild case of right temporal lobe epilepsy. My pre-ictal auras took the form of a "déjà vu," and that was their entire extent. It was merely an annoyance that the sensation of reliving a past experience was impossible to undo. Fortunately, the spells were always fleeting and never evident to anyone else, including my friends and family. It did not curtail any of my normal youth or school activities, nor any others, such as swimming or driving a car. It was a time when parents didn't rush their kids off to a doctor every time they sniffled! The condition was never diagnosed or treated by anyone. It was essentially non-impacting in all regards.

I was a healthy 17-year-old when, during football practice in my senior year, I had a particularly deep petit mal episode. It led to disorientation, evidenced by a failure to follow the coach's instructions in one play. There was no more hiding the truth because the school had to rule out a head injury.

This incident pre-dated MRI and CT scan imaging technology, and the condition was refractory to all medications. The only diagnostic method available at the time in Syracuse was a planar X-ray of the brain—it was like a bite-wing dental radiograph on steroids!

A neurosurgeon who was a very close family friend found a suspicious radiopacity on my right motor cortex. It was of no apparent consequence from the standpoint of left-side motor problems, as would be expected. Back then, without the benefit of differential diagnostic conclusions supported by AI and the capabilities of modern imaging, any mass seen on the brain was called a "tumor." Naturally, my parents and I, along with the entire school district, were in a panic! A silver lining materialized when the surgeon made a believable claim that even a dormant lesion on the right motor cortex could be the source of my temporal lobe episodes.

Removing it ASAP made perfect sense to laypeople. The internet had not yet been invented, so there was no way to verify what we were being told. Plus, it was a time

when no one questioned a doctor, read their own medical chart, or had the courage to ask for a second opinion. In fact, we were dissuaded by this surgeon from exploring a neurosurgical fellowship at Upstate Medical University in Syracuse because it was a teaching facility and he felt they would thereby be slower. That, too, made sense to us at the time.

In the rush to operate, I cannot recall having any relevant preoperative testing other than an angiogram. That and the primitive radiograph were all there was to defend his decision to operate. A small Catholic hospital in Syracuse, NY, in the 1970s, without a competent neurologist or a neurosurgical team in place to provide expert support, was an impending disaster unfolding before us. A neurosurgeon with an unchecked hero's complex who operated a solo private practice while tackling a complicated operation for a condition of unknown etiology on a normal, otherwise healthy 17-year-old seemed not to alarm anyone as it would now. Times were different. Brain surgeons and doctors in general, particularly those wearing beepers, were deemed untouchable. Personal injury attorneys did not flourish then through mass advertising, suggesting there could be a monetary award for being a malpractice victim.

The outcome of the pointless surgery was tragic. It had no impact at all on my congenital temporal lobe episodes. When the unforeseen postoperative paralysis of my left leg resolved, a far more problematic and consequential left lower limb myoclonic seizure disorder set in with a vengeance. Dealing with it became a way of life.

Phil Aftoora was aware that I chose not to forfeit my place in the accelerated 6-year dental program and agreed that, in the absence of complications potentially precluding my education and a career in dentistry, he would allow me to proceed. With short hair, a limp, and looking exhausted in general, I moved to Cleveland in August to start a program I had been anticipating enthusiastically.

The sudden myoclonic jerking of my left leg eventually grew so intense that it ultimately affected my left arm. A reasonable mental image of the nature of the problem would come from imagining what happens when, at full force, my knee collided with the bottom of a dinner table and would rattle the dishes and utensils of a meal in progress. I could go on forever with examples of how this unpredictable, sudden jolting of my left leg was truly physically handicapping and socially trying. There were other postoperative challenges to contend with as well, such as word-finding and memory problems due to high doses of unmonitored, strong maintenance anticonvulsants.

It became clear that the direction I was heading in would not lead to a bachelor's degree, certainly not to a DDS, nor to virtually any career imaginable. I withdrew from

the 6-year program after 1 ½ years and moved home to finish my bachelor's degree at Syracuse University in 1982. I would be graduating on time with my high school classmates (so I had not really fallen behind). Fortunately, my grades at CWRU were respectable enough to transfer all the credits to SU. The issues that had plagued me, however, worsened throughout the rest of my undergrad education at SU.

Phil Aftoora honored his promise and extended his invitation for me to enroll in the Class of 1986.

Immediately after the SU commencement, I was referred to the Montreal Neurological Hospital, where they were renowned worldwide for specialized temporal lobe seizure surgery performed while the patients were awake.

The Canadian neurosurgical team could not fathom a valid rationale for the Syracuse neurosurgeon's decision to perform an operation on my right motor cortex, particularly in the absence of any motor symptoms. We later surmised that performing temporal lobe surgery under the circumstances at that point in time was too risky and beyond the capabilities of both the local neurosurgeon and the private hospital he operated out of.

After two months of extensive preoperative testing in Montreal—and equipped with their knowledge of the relevant genetics showing that cerebral AVMs are prevalent in people of Mediterranean descent, including many in my extended family—they were comfortable concluding that, in spite of the pathology report, the Syracuse surgeon must have removed a cavernous AVM in the 1978 operation, which had set off this cascade of challenges.

The all-day Canadian operation was designed to address both issues. Unfortunately, while the temporal lobectomy component completely cured my temporal lobe epilepsy, the motor problems on my left side persisted despite their efforts.

I returned five months later for a third operation strictly to remove actual scarred brain tissue on the motor cortex secondary to an especially invasive original incision. The Canadian neurosurgeon told me I would have to accept having a permanently weak lower left limb. (That persists to this day, which explains why I have a mild limp and operate the foot pedal with my right foot). I asked him to make sure he didn't affect the function of my left arm because I still planned to become a dentist. Finally, I was cured of both forms of this disorder.

Directly across the street from the Montreal Neurological Institute is my father's alma mater, McGill University School of Dentistry. At the time, my brother and his wife were

there in their junior year. With a compelling story and some pull from them and my father, I was accepted into their class of 1987. (I had to admit to Phil Aftoora that I was again forsaking his kindness and opting to continue my education near my family and my physicians).

I only lasted a year at McGill before deciding to withdraw voluntarily, finally giving myself a well-deserved break to regain my self-confidence and resolve, which were waning. Mostly, I was sure I had to taper off the Valium I had taken daily since the last operation. Back then, it could be prescribed with abandon without concern for penalties for over-prescribing controlled substances, as there were no standards like those we have today, particularly in Canada. Nobody had told me when I would stop requiring it.

Believing I would never be a dentist, I got my real estate salesperson's license. That career lasted less than one day before I told the branch supervisor that I was determined to become a dentist after all.

The disappointment of having to repeat my first year back at CWRU was offset by the advantages my time at McGill gave me. I was far better off with a fresh start versus the risk of returning to McGill, where I would be under greater scrutiny. As before, Phil Aftoora welcomed me back, saying the door was always open.

I was fortunate to be part of the exceptional CWRU class of 1989. I don’t know for certain, but the 6-year accelerated program was probably long gone by then. There were no classmates taking that pathway into their dental education.

I performed excellently for the entire four years, received multiple letters of recommendation from the faculty, passed the school boards on the first try, moved on to a quality general practice residency in Syracuse, and founded my own 5-op practice from scratch in every respect.

The story of my dental education journey concluded when Phil Aftoora approached me backstage at Severance Hall. I was in line with my classmates, ready to start our processional into the auditorium. In the spirit of the guardian angel he had become to me, he said it would be a privilege if I allowed him to drape the graduation stole over my shoulders. It had been 11 years since he selected me in 1978 to attend the CWRU accelerated 6-year dental program.

Finally, of the 10 original program applicants, none of us successfully completed the program and graduated from dental school in the Class of 1984. To the best of my knowledge, only Lisa Markowitz (DEN 1985) and I ever earned a CWRU dental degree.