Introduction:
In 1891, Von Recklinghausen is a person who coined the name “osteitis fibrosa generalisata” for a patient with skeletal deformities. But the name “Fibrous dysplasia” was first introduced by Lichtenstein in 1938. It is a developmental tumor like condition, characterized by the replacement of normal bone marrow by proliferation of cellular fibrous connective tissue with irregular bony trabeculae. This condition occurs due to mutations in the GNAS gene.

Case presentation:
A 17-year-old female patient was referred to our dental unit with a complaint of severe pain and swelling in the left side of the face for past 6 years. History of present illness revealed patient was apparently normal 6 years back, then she developed pain and swelling and it attains current size.

Discussion:
Monostotic fibrous dysplasia is more common in the maxilla than in the mandible. It has slight female predilection and manifests in the first 3 decades of life. Computed tomography accurately shows the extent of bone involvement and sarcomatous transformation. Biphosphonates, opioids, NSAID are the current and potential therapies for treatment of fibrous dysplasia pain. Skeletal deformities sometimes need a surgical treatment.

Conclusion:
There is no complete cure for fibrous dysplasia, only symptomatic treatment is needed according to the situation. But periodical CT scan, clinical assessment and regular health checkup is mandatory to identify the disease progression.
osteoma and osteosarcoma. Commonly, monostotic lesions are
Histopathologic evaluation confirms the diagnosis.

extent of bone involvement and sarcomatous transformation.

in the mandible. It has slight female predilection and manifests in

Monostotic fibrous dysplasia is more common in the maxilla than

signs of fibrous dysplasia

FIGURE 1: Photograph showing front and left side of the face.

On intra oral examination, a diffuse solitary swelling seen in the left
colour of the swelling was same as that of adjacent mucosa. No ulcerations and sinus openings were present. On palpation, all the inspector findings were confirmed. The swelling was bony hard in consistency, tender, and was not fluctuant.

FIGURE 2: Photograph showing intraoral swelling.

A computed tomography (CT) scan (FIGURE 3) showed a solid mass affecting a portion of the mandible on the left side. Microscopic evaluation (FIGURE 4) showed the typical histologic signs of fibrous dysplasia including the presence of irregular bony trabeculae with osteocytes inside the lacunae. Chinese letter pattern and ‘c’ shaped trabeculae seen in many areas. Connective tissue and blood vessels are seen between bone trabeculae.

FIGURE 3: CT scan showing swelling in mandible

There is no complete cure for fibrous dysplasia, only
asymptomatic, localized pain may be the symptom in some
patients. Because of estrogen receptors, female patients can get more pain during pregnancy and menstruation. Sometimes

Biphosphonates, opioids, NSAID are the current andpotential therapies for treatment of fibrous dysplasia pain.

Skeletal deformities sometimes need a surgical treatment like either

There is no complete cure for fibrous dysplasia, only symptomatic treatment is needed according to the situation. But periodical CT scan, clinical assessment and regular health checkup is mandatory to identify the disease progression. It will helps to early detection of disease progression and for better treatment.

References: