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Fibrous dysplasia of the mandible (FD) is a benign bone disorder that occurs in children and young adults. It most commonly affects the craniofacial bones, but can also affect other bones, such as the ribs. The most commonly affected region is the mandible, with a predilection for the anterior region.\[[@ref1]\] The disease has a spectrum of presentations, ranging from asymptomatic, indolent, slowly progressive lesions to very aggressive, rapidly destructive lesions.\[[@ref2]\] These lesions rarely invade the adjacent tissue, thus differing from the typical connective tissue neoplasm, such as a giant cell tumor.\[[@ref3]\] Several studies have reported that FD presents radiographically in two distinctive forms, osteolytic or sclerotic. Both of these forms can be associated with an extraosseous component.\[[@ref4]\] Rapidly progressive lesions may involve the intraosseous and extraosseous compartments at the same time. This can be a diagnostic dilemma, especially in cases of large rapidly progressive lesions. In this study, we present a case of FD in a large rapidly progressive lesion with a unique clinical presentation. Case Report {#sec1-1} =========== A 27-year-old male presented to the department of oral medicine and radiology with painless growth in the anterior aspect of the right mandible. The growth had started about 3 years previously when the patient noticed a swelling in the anterior right mandible associated with pain. Initially, the pain was mild; however, with the progression of the lesion it began to increase in intensity, throbbing in nature. The pain decreased only after the swelling subsided. There was no history of trauma or trauma to the right mandible. He had no systemic complaints. He was well, and there was no specific family history. On general examination, there was a bony hard swelling on the anterior right mandible. Intraorally, a diffuse swelling, extending from the right canine to the right first premolar, was noted. A small but discrete swelling was noted on the right lower lip. The tumor extended from within the buccal vestibule to the inferior alveolar canal. The tongue, floor of the mouth, and pharynx were normal. On clinical examination, there was a firm bony hard swelling on the right side of the chin. The f30f4ceada

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