

Epidemiology of Crohn's disease and ulcerative colitis in Brazil: a descriptive trajectory over a decade (2015–2024)

Epidemiologia acerca da doença de Crohn e da retocolite ulcerativa no Brasil: trajetória descritiva em uma década (2015-2024)

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Abstract

Objective: to analyze the epidemiological profile and temporal trends of hospitalizations due to Crohn's disease and ulcerative colitis in Brazil from 2015 to 2024. **Methodology:** ecological, descriptive study with a quantitative approach, based on data from the Brazilian Unified Health System Hospital Information System (SIH/SUS), available in DATASUS. Hospitalizations were analyzed according to year, region, sex, race/color, age group, and hospital costs. Rates were calculated per 100,000 inhabitants using population data from the Brazilian Institute of Geography and Statistics (IBGE), with descriptive statistical analysis. **Results:** a total of 52,044 hospitalizations and 1,206 deaths were recorded during the analyzed period, with an increasing trend in hospitalizations throughout the historical series and a peak in 2024 (3.26 per 100,000 inhabitants). A higher frequency was observed among the elderly population, especially those aged 80 years or older (a peak of 13.11 in 2024), with a predominance of females in hospitalizations (a rate of 2.54). There was a higher occurrence of hospitalizations, in absolute numbers, among self-identified white individuals (41% of the total). The highest rates were identified in the Southern region (a peak of 3.79 in 2024). Hospital expenditures showed an increasing trend, with the highest value recorded in 2023 (R\$5,909,466). **Conclusion:** inflammatory bowel diseases showed an increasing trend in hospitalizations in Brazil, with a relatively stable mortality pattern and significant regional and demographic inequalities. These findings highlight the need to strengthen surveillance strategies, organize healthcare networks, and expand access to timely diagnosis and treatment.

Keywords: Crohn disease; colitis, ulcerative; epidemiologic studies; hospitalization; Brazil.

Resumo

Objetivo: analisar o perfil epidemiológico e as tendências temporais das internações hospitalares por doença de Crohn e retocolite ulcerativa no Brasil, no período de 2015 a 2024. **Metodologia:** Estudo ecológico, descritivo, com abordagem quantitativa, baseado em dados do Sistema de Informações Hospitalares do SUS (SIH/SUS), disponíveis no DATASUS. Foram analisadas internações segundo ano, região, sexo, raça/cor, faixa etária e custos hospitalares. As taxas foram calculadas por 100.000 habitantes, utilizando dados populacionais do IBGE, com análise estatística descritiva. **Resultados:** Foram registradas 52.044 internações e 1.206 óbitos no período analisado, com tendência de aumento das internações ao longo da série histórica e pico em 2024 (3.26 por 100,000 habitantes). Observou-se maior frequência na população idosa, especialmente com 80 anos ou mais (pico de 13.11, em 2024) e predominância do sexo feminino nas internações (uma taxa de 2.54). Houve maior ocorrência de hospitalizações, em números absolutos, em indivíduos autodeclarados brancos (41% do total). As maiores taxas foram identificadas na região Sul (pico de 3.79, em 2024). Os gastos hospitalares apresentaram tendência crescente, com maior valor em 2023 (R\$5.909.466). **Conclusão:** As doenças inflamatórias intestinais apresentaram tendência de crescimento das internações no Brasil, com padrão relativamente estável de mortalidade e importantes desigualdades regionais e demográficas. Os achados evidenciam a necessidade de fortalecimento das estratégias de vigilância, organização da rede assistencial e ampliação do acesso ao diagnóstico e tratamento oportuno.

Palavras-chave: doença de Crohn; colite ulcerativa; estudos epidemiológicos; hospitalização; Brasil.

INTRODUCTION

Inflammatory Bowel Diseases (IBD), particularly Crohn's disease and ulcerative colitis, are chronic conditions affecting the gastrointestinal tract, characterized by inflammation of multifactorial etiology involving immunological, genetic, and environmental factors^{1,2}. Crohn's disease is distinguished by transmural inflammation and may affect any segment of the digestive tract, from the mouth to the anus, whereas ulcerative

colitis is restricted to the mucosa of the colon and rectum³. Clinical manifestations include bloody diarrhea, abdominal pain, weight loss, and, in the case of Crohn's disease, fistulas and strictures^{1,2}.

Globally, IBD affects between 5 and 8 million people, with an estimated annual incidence of 9.7 per 100,000 inhabitants

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2 Crohn's & Ulcerative Colitis in Brazil: Epidemiology (2015–2024)

and a prevalence of 229.7 per 100,000⁴. The highest rates are concentrated in high-income regions such as North America and Western Europe; however, rapid growth has been observed in middle-income countries, including Brazil, as well as regions in Asia and Latin America, with annual increases ranging from 4% to 15%, associated with urbanization and the adoption of Western dietary patterns^{4,5}. This scenario reflects a global epidemiological transition, in which developing countries are advancing through stages of emergence and acceleration of incidence, approaching the profile observed in industrialized nations⁶.

In Brazil, IBD represents a growing public health concern, driven by urbanization, changes in the intestinal microbiota, and the interaction of genetic and environmental factors, placing the country at an intermediate stage of epidemiological transition^{6,7}. National studies indicate a greater impact on young adults, with a peak between 20 and 39 years of age, in addition to a slight predominance in females and a higher concentration in the Southeast and South regions⁸.

Previous studies based on DATASUS/SIH-SUS data have contributed to mapping hospitalizations due to IBD in Brazil. Chaves et al. (2022)⁸ analyzed approximately 170,000 hospitalizations between 2012 and 2020, focusing on incidence.

METHODOLOGY

This is an ecological time-series study with a descriptive and analytical design, which analyzed hospitalizations due to Crohn's disease (ICD-10: K50) and ulcerative colitis (ICD-10: K51) in Brazil from January 2015 to December 2024.

Data were obtained from the Hospital Information System of the Brazilian Unified Health System (SIH/SUS)⁽¹²⁾, made available by the Department of Informatics of SUS (DATASUS)¹², with nationwide coverage.

All Hospital Admission Authorizations (AIH) with a primary or secondary diagnosis of Crohn's disease and ulcerative colitis were included, regardless of sex, age group, race/skin color, or geographic region.

The variables analyzed included year of hospitalization, sex, race/skin color, age group, geographic region, number of hospitalizations, deaths, and authorized hospital costs.

Data collection was performed through the TABNET/DATASUS portal¹², with extraction in March 2025. Data were exported in .dbc format and converted into spreadsheets using Microsoft Excel®, and were subsequently organized and validated.

Statistical analysis consisted of descriptive statistics, with calculation of absolute and relative frequencies. Proportions were estimated by sex, age group, race/skin color, and geographic region, as well as hospital case fatality rate and

average cost per hospitalization.

Hospitalization rates were calculated annually, using the number of hospitalizations as the numerator and the population estimated by the Brazilian Institute of Geography and Statistics (IBGE)¹¹ as the denominator, expressed per 100,000 inhabitants.

Additionally, an intra-regional analysis was performed in the South region by state. The Standardized Mortality Rate (SMR) was also calculated using the direct standardization method, stratified by age group and year, using IBGE population data¹¹.

All analyses were conducted using Microsoft Excel®, with tables and graphs prepared for result presentation.

As this is a study using secondary population-based data, no sample size calculation was performed, and all AIHs recorded during the period were included. The reduction observed in 2020 may be related to the reorganization of hospital services during the COVID-19 pandemic, constituting a limitation of the study.

The study was exempt from approval by a Research Ethics Committee involving human subjects, in accordance with CNS Resolution 466/12, item VI.b, as it used exclusively public, aggregated, and anonymized SIH/SUS data, with no individual patient identification⁽¹³⁾.

RESULTS

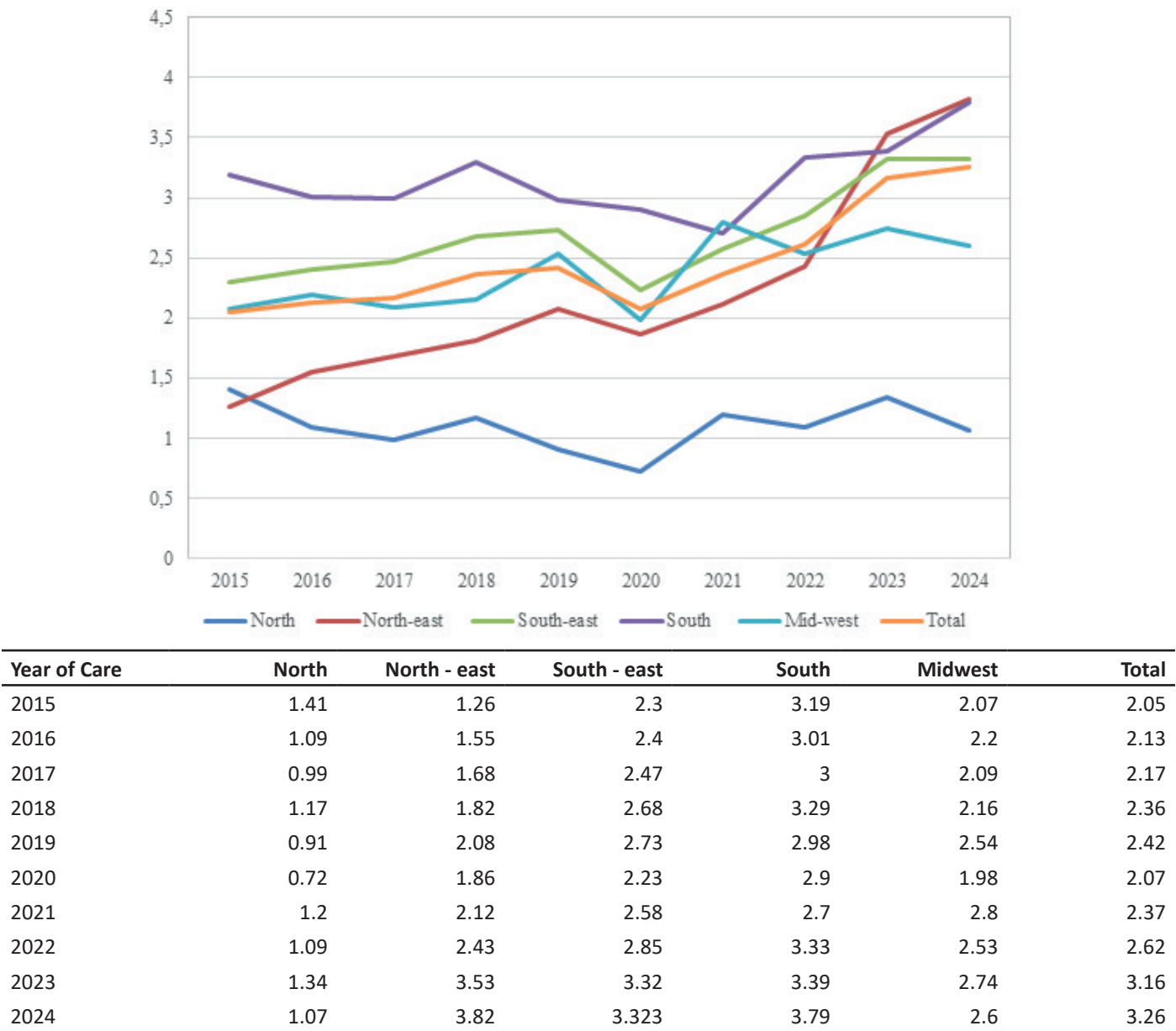
A total of 52,044 hospitalizations due to Crohn's disease and ulcerative colitis were recorded in Brazil between 2015 and 2024. A progressive increase in hospitalization rates was observed over the time series, except in 2020, when there was a reduction in the number of records. The highest rate was identified in 2024 (3.26 per 100,000 inhabitants), while the lowest occurred in 2015 (2.42) (Figure and table 1).

The highest hospitalization rates were observed in the South region throughout the analyzed period, with an upward trend in recent years. The years 2022, 2023, and 2024 stood out, with rates of 3.33, 3.39, and 3.79, respectively, representing the highest national coefficients in the series. However, 2021 showed the lowest rate in this region (2.70).

In intra-regional analysis, the state of Santa Catarina showed the highest hospitalization rates, especially in the final years, surpassing other southern states such as Paraná (2.39) and Rio Grande do Sul (3.70). The highest values were observed in 2023 and 2024, reaching 4.86 and 6.12, respectively.

The Southeast region also presented high rates, particularly in 2023 and 2024 (both 3.32). The Northeast showed a progressive increase, peaking in 2024 (3.82). In contrast, the North region consistently had the lowest hospitalization rates, with notable values in 2017 (0.99), 2019 (0.91), and 2020 (0.72).

Figure and table 1. Incidence of patients with Crohn's Disease and Ulcerative Colitis by year of care and region in Brazil.



Source: Hospital Information System of SUS (SIH/SUS) and population base from the Brazilian Institute of Geography and Statistics (IBGE)

Moreover, a predominance of females was observed among hospitalizations for Crohn’s disease and ulcerative colitis, with a hospitalization rate of 2.54 in the female population, compared with 2.39 in the male population. Across all macroregions of the country, women consistently presented higher hospitalization rates than men. The South region stood out by recording the highest coefficients during the study period, reaching 3.61 in 2023 and 4.01 in 2024. Regarding race/skin color, a higher frequency of hospitalizations was observed among self-declared white individuals (41%), followed by mixed-race individuals (36.8%), while Black (3.9%), Asian (1.5%), and Indigenous (0.1%) groups showed lower relative participation.

The highest hospitalization rates were concentrated in the elderly

population, especially among individuals aged 80 years or older. This group presented the highest incidence peaks throughout the time series, particularly in 2015 (15.87), 2018 (12.87), 2021 (12.83), 2022 (12.84), and 2024 (13.11). Additionally, the second most affected age group was 75–79 years, which also recorded its highest rates in 2015 (7.16) and 2024 (7.10). In contrast, the lowest rates were observed in younger age groups, especially in children under 1 year, maintaining values such as 0.50 (2015 and 2019), 0.40 (2021), and 0.36 (2024).

Between 2015 and 2024, a total of 1,206 deaths due to Crohn’s disease and ulcerative colitis were recorded in Brazil. The mortality rate remained relatively stable and at low levels throughout the time series, with slight annual fluctuations.

4 Crohn’s & Ulcerative Colitis in Brazil: Epidemiology (2015–2024)

A higher concentration of deaths was observed in the South region, which showed the highest rates in 2016 (0.096) and 2022 (0.105), whereas the North and Midwest regions presented the lowest coefficients, with 0.016 in 2018 and 0.025 in 2019, respectively.

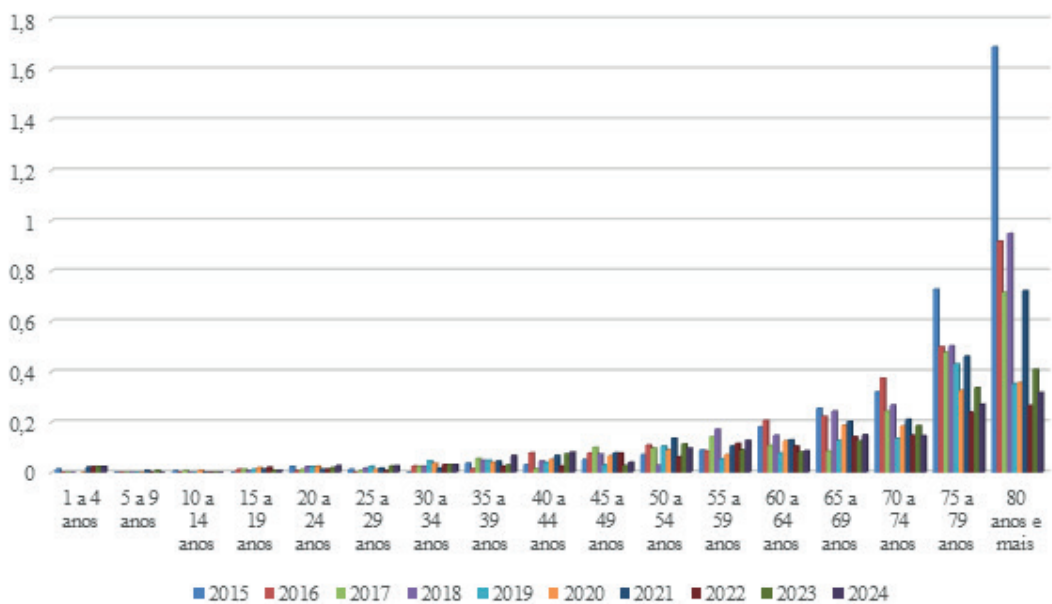
State-level analysis indicates Rio Grande do Sul as the main area of occurrence. This state recorded the highest rate, with 0.13 deaths per 100,000 inhabitants in 2022, representing the highest incidence documented in this study. In the same year, Paraná and Santa Catarina presented rates of 0.094 and 0.081, respectively.

A predominance of mortality was observed among males, with a rate of 0.061, compared with 0.053 among females. Regarding

race/skin color, the highest prevalence of deaths occurred among self-declared white individuals (38.6%), followed by mixed-race individuals (34.8%). In contrast, the least affected groups were Black (4.5%), Asian (1.6%), and Indigenous (0.16%). It is noteworthy that a considerable proportion of records was classified as “unknown,” which may impact the interpretation of the results.

The highest mortality rates were concentrated among individuals aged 75 and older, highlighting a progressive increase in risk with advancing age. In the 75-to-79 age group, the highest coefficient was recorded in 2015 (0.727) and the lowest in 2022 (0.24). Meanwhile, the population aged 80 and over consistently showed the highest mortality rates of the decade, peaking in 2018 at 0.949 (Figure 2).

Figure 2. Incidence coefficients of deaths from Crohn’s Disease and Ulcerative Colitis, by age group and year of occurrence. Brazil, 2015-2024.



Source: Hospital Information System of SUS (SIH/SUS) and population base from the Brazilian Institute of Geography and Statistics (IBGE)

Total hospital expenditures for hospitalizations due to Crohn’s disease and ulcerative colitis in Brazil reached approximately R\$ 41.3 million over the analyzed period (Table 2). A progressive increase in costs was observed throughout the time series, with the lowest value recorded at the beginning of the period and the peak occurring in 2023 (14.3%). Regarding geographic

distribution, the Southeast region accounted for the largest share of expenditures (52.8%), with particular emphasis on the state of São Paulo. The Northeast and South macro-regions showed intermediate participation (19.6% and 19.2%, respectively), while the Midwest (5.9%) and North (2.5%) accounted for the lowest proportions of expenses.

Table 2. Hospital costs in patients with Crohn’s Disease and Ulcerative Colitis by year of care and region in Brazil.

Ano	North	Northeast	Southeast	South	Midwest	Total
2015	761,503	552,012	1,539,491	599,334	184,446	2,951,433
2016	786,855	648,238	1,710,516	644,841	177,488	3,259,769
2017	71,123	644,943	1,800,429	570,205	180,846	3,267,546
2018	696,131	653,825	2,129,481	632,867	184,44	3,670,227

Ano	North	Northeast	Southeast	South	Midwest	Total
2019	121,235	751,594	2,030,278	708,693	222,693	3,834,492
2020	877,841	816,732	1,910,795	776,156	181,706	3,773,174
2021	107,601	813,237	2,384,545	731,517	307,729	4,344,629
2022	114,057	999,459	2,471,861	1,110,636	361,263	5,057,276
2023	154,809	1,198,457	3,017,618	1,168,438	370,143	5,909,466
2024	142,054	1,022,562	2,810,162	969,704	284,791	5,229,272
Total	10,231,114	8,101,060	21,805,177	79,123,918	2,455,545	41,297,285

Source: Hospital Information System of SUS (SIH/SUS)

In this context, regarding race/skin color, a higher predominance was observed among white patients (45.9%) and mixed-race patients (35%). In contrast, lower expenditures were recorded among Black (3.7%), Asian (1.3%), and Indigenous (0.13%) individuals. Additionally, it is noteworthy that the female population accounted for the largest share of hospital expenditures, representing 50.7% of the total.

Continuing the analysis, higher hospital spending was also observed among adults, particularly in the 35–39 age group, which totaled R\$ 3,477,869.00 (8.4%), followed by the 25–29 age group with R\$ 3,360,623.19 (8.13%) and the 40–44 age group with R\$ 3,348,953.80 (8.11%). Conversely, lower expenditures were observed among children, with amounts of R\$647,449.64 (1.6%) in the 1–4 age group and R\$ 718,689.56 among individuals aged 5–9 years.

DISCUSSION

The findings of this study demonstrate a progressive increase in hospitalizations due to Crohn’s disease and ulcerative colitis in Brazil over the analyzed period, with a temporary reduction in 2020. This pattern is consistent with the international literature, which shows a continuous rise in inflammatory bowel diseases (IBD) in recent decades, particularly in developing countries, where prevalence already exceeds 100 cases per 100,000 inhabitants (2,4,7,14). In the Brazilian context analyzed, a similar pattern is observed, with an increasing trend in hospitalization rates throughout the time series, albeit with occasional fluctuations, such as the reduction observed in 2020 and a peak in 2024, reinforcing the expansion of these diseases in the country. This scenario reflects the epidemiological transition of these conditions, which have historically been more prevalent in developed countries but are increasingly affecting regions such as Latin America, as also described by studies indicating an increasing burden of IBD in emerging countries⁷.

The upward trend observed in this study is also described in national studies, which have documented annual increases in IBD in Brazil, possibly associated with environmental factors, dietary westernization, changes in the intestinal microbiota, and improved access to diagnostic methods (3,8). The reduction observed in 2020 may be attributed to the reorganization of

healthcare services during the COVID-19 pandemic, with a decrease in elective hospitalizations and delays in diagnosis, a phenomenon reported in various recent epidemiological contexts.

The higher concentration of hospitalizations in the Southeast region is consistent with the distribution described in national literature, which highlights a greater frequency of cases in regions with higher socioeconomic development and greater availability of specialized services^{5,8}. However, in the present study, the South region stands out as having the highest incidence and mortality rates throughout the time series, partially contrasting with some national findings and possibly reflecting regional differences in healthcare system organization, greater diagnostic capacity, or better data quality in these areas.

The identified age profile, with predominance of young adults in hospital expenditures, is consistent with international studies that describe peak incidence between the second and third decades of life^{1,4,9}. However, in the Brazilian scenario analyzed, a higher concentration of hospitalizations and deaths was observed among elderly individuals, particularly those over 75 years of age, which may be related to population aging, higher prevalence of comorbidities, and greater clinical severity in these patients. Additionally, some authors describe a second incidence peak in older age groups, which may contribute to the higher occurrence of unfavorable outcomes observed in this study. The slight predominance of females has also been described in national studies^{6,10}, a finding confirmed in this study, in which women presented a higher frequency of hospitalizations, although the literature still shows heterogeneous results regarding sex distribution.

Regarding race/skin color, the predominance among white and mixed-race individuals should be interpreted with caution. Studies suggest that differences in racial distribution may be more closely related to inequalities in access to diagnosis and healthcare than to isolated biological factors, as well as to limitations in data recording systems⁵. This aspect is reinforced by the findings of this study, in which approximately 20% of records were classified as “unknown,” potentially affecting epidemiological interpretation and highlighting weaknesses in

the quality of secondary data.

Regarding mortality, a relatively stable pattern was observed over the time series, with higher occurrence among older individuals. This pattern is consistent with studies demonstrating a higher risk of adverse outcomes in elderly patients with IBD, often associated with comorbidities, greater clinical severity, use of immunosuppressive therapies, and increased susceptibility to infectious complications⁵. Despite the stability of rates, the presence of a significant absolute number of deaths among middle-aged adults stands out, indicating that the disease also affects economically active populations.

The progressive increase in hospital expenditures over the analyzed period follows the trend described in the literature, which indicates a growing economic burden of IBD on healthcare systems^{2,14}. In the present study, the Southeast region accounted for more than half of total expenditures, highlighting inequalities in resource distribution and a higher concentration of specialized services. This increase is related to the incorporation of high-cost biological therapies, the need for multidisciplinary care, and the higher frequency of hospitalizations, especially in cases of complications or severe disease.

Among the limitations of this study, the use of secondary data from SIH/SUS stands out, which may present underreporting, inconsistencies in data entry, and the inability to identify readmissions or assess clinical severity. Furthermore, the lack of detailed clinical variables limits the analysis of prognostic factors and disease progression over time.

Despite these limitations, the results are consistent with national and international literature and reinforce the increasing burden of inflammatory bowel diseases in Brazil, highlighting their growing impact on the healthcare system and the need to strengthen strategies for early diagnosis, healthcare network organization, and epidemiological monitoring of these conditions.

CONCLUSION

This study aimed to analyze the morbidity and mortality

associated with Crohn's disease and ulcerative colitis, within the context of digestive system diseases, in Brazil between 2015 and 2024, highlighting trends and regional disparities through a descriptive analysis using morbidity and mortality indicators per 100,000 inhabitants. The epidemiological analysis demonstrated an overall upward trend, with 52,044 hospitalizations recorded and 1,206 deaths. The results reveal the complexity imposed on the healthcare system, as the elderly population (aged 75–80 years and older) accounts for the majority of cases, in line with population aging indicators, along with increasing total expenditures (peaking in 2023) and relatively lower mortality rates.

The study identified a higher frequency of hospitalizations among females and higher mortality among males, in absolute numbers. It also examined shifts in the mortality profile by race/skin color, showing a predominance of white individuals over other groups in absolute terms, without excluding the contribution of other ethnicities and considering the presence of records with missing information. Spatially, the South region, which concentrated the highest hospitalization and mortality rates, should not be interpreted as having poorer healthcare, but rather as a likely indicator of greater diagnostic capacity and reporting, which may mask significant underreporting in other regions.

Despite the inherent limitations of the ecological study design and the use of secondary data—preventing causal inferences and potentially including underreported cases—the findings are relevant at the population level. Future studies should incorporate more in-depth analyses to better understand the sociospatial determinants of Crohn's disease and ulcerative colitis in relation to morbidity and mortality indicators.

In conclusion, these conditions represent a significant public health issue in Brazil. The findings reinforce the need for healthcare policies focused on surveillance and care, aimed at early detection and effective treatment, as well as reducing regional disparities in access to therapy. They also highlight the importance of multidisciplinary training initiatives to strengthen proactive and efficient care, ultimately reducing morbidity and mortality associated with Crohn's disease and ulcerative colitis.

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7 Crohn's & Ulcerative Colitis in Brazil: Epidemiology (2015–2024)

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