Although the pathogenesis of inflammatory bowel disease (IBD) remains elusive, it appears that there is chronic activation of the immune and inflammatory cascade in genetically susceptible individuals, which are directed by genetic, immunological, and environmental factors. IBD have their highest prevalence in Western industrialized countries of Europe and North America. As new areas assume Western cultural practices, increased prevalence of ulcerative colitis (UC) usually is found approximately one decade before the observed increase in Crohn’s disease (CD). Up to date, history appears to repeat itself across the globe, as several Asian countries especially Japan and South Korea are now experiencing a surge in the rate of IBD. Recently three independent studies have demonstrated that three variants in the coding region of the NOD2 gene are associated with CD. The studies cited above showed that this frameshift mutation was present at higher allele frequency in CD patients than in healthy controls. Interestingly, such association has not been found in multiple studies evaluating Japanese, Korean and Chinese patients. A nationwide project in Japan is ongoing for seeking genes responsible for Japanese IBD directed by Research Committee of IBD. As environmental factors, in Japanese patients smoking showed a protective effect against UC as well as Western countries, while no relationship between smoking and severity of UC was detected in a large population of Chinese patients. Furthermore the protective effect of appendectomy in UC was evaluated in multi-center case control studies of Japanese and Korean patients, and similar results were obtained in European and American studies. Regarding clinical characteristics, extent of disease is substantially similar in Asian and Western patients, however most studies suggest that Asian patients have milder IBD compared to Western counterparts. Thus considered and precise evaluation of not only different but also common pathogenesis between Asia and Western countries could lead to novel and more appropriate and tailor-made therapeutics to inflammatory bowel disease.